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REPORT

OF THE

International Council of Nurses.

BERLIN, 1904.

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The International Council of Nurses.

FIRST QUINQUENNIAL MEETING.

THE First Quinquennial Meeting of the International Council of Nurses was held in the Victoria Lyceum, Berlin, on Friday, June 17th, 1904. The President, Mrs. Bedford Fenwick, presided, and amongst those who were present were :—

From Great Britain.—Miss Isla Stewart, Matron of St. Bartholomew's Hospital, representing the Matrons' Council of Great Britain and Ireland; Miss Jenkins (Sister Casualty), Delegate of the League of St. Bartholomew's Hospital Nurses; Miss Mary Burr, Delegate of the League of St. John's House Nurses; Miss E. C. Barton, President of the League of Chelsea Infirmary Nurses; Miss Rogers, President and Delegate of the League of Leicester Infirmary Nurses; Miss Mollett, President of the Royal South Hants Nurses' League; Miss M. Breay, Hon. Secretary Matrons' Council; Miss Ross, Matron Western Hospital, Fulham; Miss G. Knight, Matron of the General Hospital, Nottingham; Miss M. E. Jones, Matron of the General Hospital, Birmingham; Miss Newton, Matron Eye Hospital, Wolverhampton; Miss J. A. Smith, Matron Union Infirmary, Kingston-on-Thames; Miss A. E. Parnaby, Matron Nurses' Association, Surbiton; Miss Richmond, Matron of the Women's Hospital, Birmingham; Miss Pell-Smith, Lady Superintendent Home Hospital, Leicester; Miss Berry, Miss Howell, Miss Curtis, Superintendents Q.V.J.I.; Miss Phillips,

Queen's Nurse, Surbiton; Miss Atthill, Lady Superintendent Royal Nursing Association, Derby; Miss B. Cutler, Matron The Hospital, Much Wenlock; Miss Waind, Lady Superintendent, Galen House, Guildford; Miss Margaret Huxley, President Irish Nurses' Association; Miss L. V. Haughton, Lady Superintendent Sir Patrick Dun's Hospital, Dublin; Miss A. M. Macdonnell, R.R.C., Lady Superintendent Richmond Hospital, Dublin; Mrs. Manning, Matron Dental Hospital, Dublin; Miss Clara Lee, late Matron Eye and Ear Infirmary, Dublin; the Lady Hermione Blackwood, Queen's Nurse; Miss E. L. Eden, Somerset County Nursing Association; Miss G. Dorran, Registered Nurses' Society; Miss E. C. McGill, Nurses' Co-operation, London; Miss Lee Smith, Sister Royal South Hants Hospital, Southampton; Miss Frances L. Smith, Royal South Hants Hospital; Miss M. C. Fair, Grange-over-Sands; and Lady Lumsden of Belhelvie.

The United States of America.—Miss L. L. Dock, Hon. Secretary International Council of Nurses, Delegate Bellevue Alumnae Association; Miss Annie Goodrich, Superintendent of the Training-School for Nurses, New York Hospital, Delegate of the American Society of Superintendents of Training-Schools for Nurses; Miss M. E. Thornton, R.N., Secretary Nurses' Associated Alumnae; Miss Maud Banfield, Superintendent Polyclinic Hospital, Philadelphia; Miss Augusta Merz, Delegate German Hospital, New York; Miss K. A. Sanborn, Superintendent of Training-School, St. Vincent's Hospital, New York; Miss Charlotte Ehrlicher, Superintendent German Hospital, New York, Delegate Post-Graduate Alumnae Association, New York; Miss Selden, German Hospital, New York; Miss Harriet Fulmer, Superintendent Visiting Nurses' Association, Chicago; Miss L. McGachen, Superintendent Ithaca City Hospital; Mrs. J. Von Wagner, Sanitary Inspector

of Tenements, Yonkers; Miss Mary E. Pearson, Superintendent of Training-School, Carnagua; Miss Ella B. Kurtz, Superintendent of Training-School, German Hospital, Brooklyn; Miss A. Haentsche, German Hospital, New York; Miss Sara E. Parsons, Training-School Alumnæ, Massachusetts General Hospital, Boston; Miss Nellie Lee, Delegate Roosevelt Hospital Alumnæ, New York; Mrs. d'Arcy Stephen, Orange Training-School, New Jersey; Miss Annetta Hansen, Hahnemann Hospital, Chicago; Dr. Emma W. Moore, Boston, Mass.; Miss Bertha J. Gardner and Miss Mary B. Squire, Orange Memorial Hospital, New Jersey; Miss Gertrude E. Greenwood, Chicago Baptist Hospital; Miss Emma Rothfuss, Buffalo General Hospital; Miss Kate Baker, Registered Nurse, New Jersey; Miss Frances Munro, Somerville Hospital, Boston; Miss Elizabeth Schentzer, Maryland Union Hospital; Miss N. J. Lackland, Vice-President Maryland State Association; Miss Louise Greenwood and Miss Mary J. Cole, Delegates Buffalo General Hospital; Miss Kate V. McEvoy, St. Vincent's Hospital, New York; Miss Louisa T. Acker, Private Duty, and Dr. Worcester, of the Waltham Training School for Nurses.

Germany.—Sister Agnes Karll, President German Nurses' Association, formerly Matron Altstädtisches Krankenhaus, Magdeburg, and the following members of the Association:—Sister Lydia Edelbüttel, Sister Clara Freitag, Sister Hertha Coblenger, Sister Johanna Schneider, Sister Martha Warucke, Sister Maida Lübben, Sister Clara Weidemann, Sister Hedwig Kirstein, Sister Bertha Kiers, Sister Margot Balan, Sister Marie Stangen, Sister Emma Zeeck, Sister Eugenie von Raussendorff, Sister Hedwig Köhler, Sister Minna Jacobi, Sister Wilhelmina Schaub, Sister Louise Franke, Sister Helene Hauff, Sister Martha Oasterlen, Sister Helene Hoffmann, Sister A. Wolff; and Frau Rittmeister Pretorius and Fraulein Möller, Passive Members.

France.—Mdme. Alphen Salvador, President Professional School for the Assistance of the Sick, Paris.

Canada.—Miss Emily Chilman, Lady Superintendent of the General Hospital, Stratford, Canada.

Denmark.—Fru Charlotte Norrie, Foundation Member.

Holland.—Miss Kruysse, Lady Superintendent Wilhelmina Hospital, Amsterdam.

Sweden.—Miss S. Peterson and two Nursing Sisters.

Mrs. Bedford Fenwick was deputed to act as the Delegate of the Victorian Trained Nurses' Association, and Miss Rose Creal, Matron of the Sydney Hospital, of the Australasian Trained Nurses' Association.

MORNING SESSION.

The Morning Session opened at 10 a.m. Fraulein Agnes Karll, President of the German Nurses' Association, had brought bouquets of lovely roses and cornflowers for the President and International Officers, which brightened the platform with a pleasant touch of colour.

AGENDA.

The Agenda of the day's business was as follows :—

1. Minutes.
2. Presidential Address.
3. To receive General and Financial Reports.
4. To appoint Scrutineers of the Nomination Papers for the offices of President, Hon. Secretary, and Hon. Treasurer.
5. To consider the affiliation of National Councils.
6. To consider the adoption of Official Organs.
7. To define the method of work for the next Quinquennial Period.
8. To receive Reports from affiliated countries on :—

(A) *Legislation* effected for Trained Nurses—

(a) By State Registration.

(b) Under Government Departments in the Army and Navy.

(B) *Education.*

To define a curriculum of education and a minimum standard qualifying for registration as a Trained Nurse.

9. Other business.

The President said that before the opening of the session Fraulein Agnes Karll, President of the German Nurses' Association, would like to say a few words to the nurses who had come from other countries to Berlin.

Fraulein Karll said it was a very great pleasure to her to welcome, in the name of the German nurses, their visitors from other countries. Nursing in Germany had been in the hands of Religious Orders for 400 or 500 years, and the founders and members of the German Nurses' Association had had a hard struggle to inaugurate the Society. It was like sunshine to her when she first received letters from Mrs. Bedford Fenwick and Miss Dock telling her that the International Council of Nurses would hold its meeting in Berlin. It was a great pleasure to meet the nurses from other nations, and she felt sure that the International Council of Nurses would be a great help to German nurses.

MINUTES.

The President then called upon the Hon. Secretary to read the minutes of the last meeting.

Miss Dock said that the minutes were very lengthy, and that, with the permission of the meeting (which was granted), she would read a short synopsis of them. This was as follows:—

At the meeting of the International Congress of Women in London in June, 1899, a section on trained nursing had been arranged at the suggestion of Mrs. Bedford Fenwick, who was the Convener of the Professional Section.

The Nursing Section elicited much interest, and was well attended by English nurses, among whom were many who are now members of the Council. The

meetings were presided over by Mrs. Sewall and Lady Aberdeen. There were present also Mrs. Grace Neill, who is Assistant Inspector of Hospitals in New Zealand ; Miss M. H. Watkins, one of the first nurses to be registered in South Africa ; Fru Norrie, of Denmark, who had given time and labour to nursing organisation in Denmark ; and several nurses from the United States.

The interest aroused by the Nursing Section was such that Mrs. Fenwick suggested the formation of an International Council, to meet every five years at the times of the Congresses of Women. The idea was cordially received by all, and those who had taken part in the sessions formed themselves into a Provisional Committee to arrange the details of organisation.

Several meetings of an informal character were held, the most important one of which was at St. Bartholomew's, at the house of the Matron, Miss Stewart, where the British members were authorised to draw up a Draft Constitution.

This duty was accepted, and in due time the Constitution was circulated among the members and was adopted. Its main features were that it provided for membership to consist of National Organisations, whenever there were enough such bodies to unite together, and, for the time being, of the individuals who had founded it, and who were placed upon the Council or governing board, and for Hon. Vice-Presidents in countries unorganised.

Mrs. Bedford Fenwick, of England, was elected President ; Miss Snively, of Canada, Treasurer ; and Miss Dock, of the United States, Secretary. As there was only one country—viz., the United States—sufficiently well organised to be ready for membership, the individual members have carried on the Council until to-day, in the meantime doing all they could to stimulate organisation in other countries.

In 1901 there was a World's Fair held in Buffalo, U.S.A., and the Council, thinking this would be a good opportunity for bringing nurses together, arranged to hold a meeting at that time and place in order to celebrate the twentieth century, and suggested a Congress of Nurses at the same time. As the Ameri-

can nurses were all intending to hold meetings at that time, the proposal was warmly taken up, and in due time the Congress was held, and the International Council of Nurses held a special meeting at which reports were received from 17 countries showing the condition of nursing and of nursing education. These reports were published with the transactions of the Congress, and some reprints were made, of which several are here to-day.

Some additions were made to membership, which, at the present day, consists of the following names:—

COUNCILLORS.

President:

Mrs. Bedford Fenwick, Founder of the International Council of Nurses; late Matron and Superintendent of Nursing St. Bartholomew's Hospital, London. Hon. Associate of the Order of St. John of Jerusalem, and holder of the Distinguished Order of the Greek Red Cross.

Hon. Secretary:

Miss L. L. Dock, late Hon. Secretary of the American Society of Superintendents of Training-Schools for Nurses.

Hon. Treasurer:

Miss M. Agnes Snively, Lady Superintendent General Hospital, Toronto.

GREAT BRITAIN AND IRELAND.

Miss Isla Stewart, Matron and Superintendent of Nursing, St. Bartholomew's Hospital, London; President of the Matrons' Council of Great Britain and Ireland.

Miss M. Breay, late Matron of the Metropolitan Hospital, London, and of the English Hospital, Zanzibar; Hon. Secretary of the Matrons' Council of Great Britain and Ireland.

Miss Cureton, late Lady Superintendent Addenbrooke's Hospital, Cambridge.

Miss G. Knight, Lady Superintendent General Hospital, Nottingham.

Miss M. Mollett, Matron Royal South Hants and Southampton Hospital, Southampton.

Miss M. Huxley, late Lady Superintendent Sir Patrick Dun's Hospital, Dublin.

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Miss L. Bradshaw, Lady Superintendent Donnybrook Hospital, Dublin.

UNITED STATES OF AMERICA.

Miss A. Nutting, Superintendent of Nurses and Principal of Training-School for Nurses, Johns Hopkins Hospital, Baltimore.

Miss Brennan, Superintendent of Nurse-Training School, Memorial Hospital, Richmond, Va.

Mrs. Quintard, late Superintendent of Nurse-Training School, General Hospital, Puerto Principi, Cuba.

Miss Lucy Walker, Superintendent of Nurse-Training School, Pennsylvania Hospital, Philadelphia.

Miss Hanna Kindbom, late Professor of Nursing in the University of Texas.

Miss I. Merritt, Superintendent of Nurse-Training School, The Hospital, Brooklyn.

Miss Maud Banfield, Superintendent Polyclinic Hospital, Philadelphia.

Miss Dolliver, Superintendent of Nurses Massachusetts General Hospital, Boston.

Miss Drown, Superintendent of Nurses Boston City Hospital, Boston.

Miss Palmer, Editor-in-Chief *American Journal of Nursing*, Rochester.

Miss Nevins, Superintendent of Nurses, Garfield Hospital, Washington.

Miss McMillan, Superintendent of Nurses Presbyterian Hospital, Chicago.

Miss Maxwell, Superintendent of Nurses Presbyterian Hospital, New York.

Miss McIsaac, Superintendent of Nurses Illinois Training-School, Chicago.

THE DOMINION OF CANADA.

Miss Murray, late Lady Superintendent Royal Victoria Hospital, Montreal.

THE COMMONWEALTH OF AUSTRALIA.

Miss S. B. McGahey, late Lady Superintendent Prince Alfred Hospital, Sydney.

Miss M. D. Farquharson, Lady Superintendent Bendigo Hospital, Victoria.

NEW ZEALAND.

Mrs. Grace Neill, Assistant Inspector of Hospitals, N.Z.

DENMARK.

Fru Charlotte Norrie, Corresponding Secretary of the Danish National Council of Women.

HON. VICE-PRESIDENTS.

Appointed under Article II.

EUROPE.

Great Britain and Ireland: Miss Isla Stewart, Matron of St. Bartholomew's Hospital, London; Miss E. C. Sandford, late Lady Superintendent City Hospital, Edinburgh.

Germany: Fraulein Hedwig von Schlichting, late Lady Superintendent General Hospital, Hamburg.

Holland: Mej L. Kruysse, Lady Superintendent Wilhelmina Hospital, Amsterdam.

Italy: Miss Amy Turton, Directress Casa di Cura, Florence.

ASIA.

India: Miss C. R. Mill, Lady Superintendent European Hospital, Bombay.

AMERICA.

Canada: Miss M. A. Snively, Lady Superintendent General Hospital, Toronto.

AUSTRALASIA.

Federated Australia: Miss S. B. McGahey, late Lady Superintendent Prince Alfred Hospital, Sydney.

Tasmania: Miss Milne, Lady Superintendent the Hospital, Launceston.

Now, at this Quinquennial Period the Council stands ready to receive National Organisations of Nurses into membership, as the Constitution provides, and we hope that in five years from now the International Council will be composed of the National Associations of many countries.

It was proposed by Miss Stewart, seconded by Miss Mollett, and carried, that the Report be adopted and placed on the minutes.

The minutes of the last meeting were then taken as read, and confirmed.

The President then said :—

We have come here to-day to hold the first Quinquennial Business Meeting of the International Council of Nurses. Since the Council was tenta-

tively founded in 1899, it has been working on an individual basis, and its members have been striving to forward its objects—the promotion of greater unity of thought, sympathy, and purpose, of international communication between nurses, and of International Conference. The ideal of the Council, however, as Miss Dock has shown, is that admission to membership shall be through National Organisations, and it is satisfactory to be able to report that three countries have now National Associations organised, and eligible for affiliation with the International Council of Nurses—the United States, through the American Federation of Nurses; England, through the Provisional Committee recently formed of Delegates of Leagues and self-governing Nursing Societies; and Germany, through the German Nurses' Association.

This afternoon the meeting will take the form of a Conference, when we shall receive reports from affiliated countries on (*a*) Legislation, and (*b*) Education; in the second section we have a paper by Miss Nutting, Superintendent of the Nursing School of the Johns Hopkins Hospital, Baltimore. This paper gives the result of the practical application of the system advocated, while those from other countries are suggestive. I therefore propose that we take Miss Nutting's paper as the text of the discussion on this question before putting a Resolution to the meeting.

THE PRESIDENT'S ADDRESS.

COURAGE

Mrs. Fenwick said:—I do not propose to give a long address this morning, as we have a great deal of business before us, but I should like to say a few words on the beautiful virtue of Courage, and I will take as my text the motto engraved on the signet ring of the Sultan Akbar:—

“None ever lost himself along a straight road.”

If we walk along a straight road towards a definite object we are certain to attain our goal eventually, if we do not allow ourselves to be diverted into the pleasant by-ways which are so much easier to traverse than the hard, dusty main road. But to do this it is necessary to withstand many temptations to the right hand and the left, to pursue a difficult, and often solitary, course towards the object to be attained.

To quote the great Emerson :—

“It is only as a man puts off all foreign support and stands alone that I see him to be strong and prevail. . . . Ask nothing of men, and in the endless mutation, thou alone, firm column, must presently appear the upholder of all that surrounds thee. He who knows that power is inborn, that he is weak because he has looked for good out of him and elsewhere, and, so perceiving, throws himself unhesitatingly on his thought, instantly rights himself, stands in the erect position, commands his limbs, works miracles ; just as a man who stands on his feet is stronger than a man who stands on his head.

“So use all that is called Fortune. Most men gamble with her, and gain all, or lose all, as her wheel rolls. But do thou leave as unlawful these winnings, and deal with Cause and Effect, the chancellors of God. In the will work and acquire, and thou hast chained the wheel of Chance and shall sit hereafter out of fear of her rotations. A political victory, a rise of rents, the recovery of your sick, or the return of your absent friend, or some other favourable event, raises your spirits, and you think good days are preparing for you. Do not believe it. Nothing can bring you peace but yourself. Nothing can bring you peace but the triumph of principles.”

Now, Emerson wrote so many wise and lovely things that one might quote him all day long, but

it is this principle of standing alone which I wish to emphasise, because it is just this that many people find so difficult.

To accomplish anything we shall find that we must stand alone, alone from beginning to end. We must be all in all, not to ourselves, but for ourselves.

The majority of people resent individuality; their vanity objects to any deviation from the conventional. They object to progress because they lack vitality, and in competition are surpassed.

It is a saying of Miss Mollett's that "all progress is strife to the end," and many women, delicately nurtured, and of a sensitive temperament, object to strife, and leave it to the physically stronger sex; they are disinclined to hurl themselves into contentious work, which is therefore left to the few who take their courage in both hands and dare to stand alone.

Moral Courage, which is certainly its highest form, is a virtue of which women have displayed their full share; but I am not inclined to attribute this entirely to a love of truth, but partly to their ignorance of the results which follow its display, and of the unhappiness and persecution to which reformers in all ages have been subjected.

Looking back over the last twenty years, I am not quite sure whether, if I had been better able to gauge the results of my actions, I should not have hesitated, before entering on the campaign of nursing reform, of subjecting myself to intimidation, insult, and persecution. I hope it would have made no difference, but I cannot be sure.

It is a very inspiring thought to those engaged in the work of nursing organisation to remember that the whole work of nursing reform has been the work of women. Those of us who can look back for a quarter of a century remember the nursing in our hospitals in a very different condition from that which

obtains at present. It was not until cultured women with a high sense of duty and possessed of exceptional courage entered hospital wards, that, in the face of enormous obstacles, method, order, and refinement were introduced, and the atmosphere purified physically and morally.

At the last meeting of this Council I said a few words on the subject of work, and I must confess myself to-day perfectly satisfied with the result of the labours of the members all over the world since that occasion. They have done well. I give you for our watchword for the next Quinquennial Period that of COURAGE, and I have not the slightest doubt that, bearing it in mind, we shall be able to accomplish all that our hearts desire.

Maybe we shall not be called upon to endure in the future as we have been in the past. Indeed, I am inclined to believe that nurses have won their battle, the right to think and judge for themselves, to help and govern themselves.

Let us, then, as professional nurses, stand before the world banded together for the benefit of humanity to perform work for the community, not only palliative but preventive—in short, let us try to leave the world in some slight degree better than we found it. Until our next meeting—COURAGE.

GENERAL REPORT.

The General Report, presented by the Hon. Secretary, Miss L. L. Dock, was as follows:—

Since the meeting of the officers of the International Council of Nurses, held at Buffalo, U.S.A., in September, 1901, the President has been in constant communication with the Hon. Officers and Hon. Vice-Presidents of the Council.

In Great Britain.—Miss Isla Stewart, Hon. Vice-President, has done much to encourage co-operation amongst trained nurses by the active part she has taken as President of the Matrons' Council

of Great Britain and Ireland and of the League of St. Bartholomew's Hospital Nurses, and it is gratifying to report that the Matrons of several important training - schools have stimulated the desire for co-operation amongst the nursing staffs, and taken the initiative in helping them to form Leagues for professional and social intercourse. Miss Stewart is in favour of strengthening the bonds of union amongst certificated nurses by affiliation between the Leagues, which would bring the nurses of the various schools into touch by co-operation, and thus upon a wide and liberal basis, founded on the graduate vote, enable nurses to meet and discuss, in a helpful manner, their professional and social affairs, out of which co-operation it is hoped that a National Council of Nurses for the United Kingdom may in time be evolved on thoroughly representative lines—Scotland and Ireland forming branch or national councils if so inclined.

With this end in view, Miss Stewart recently called in London a Conference of Delegates from the self-governing Leagues and Societies. The meeting unanimously resolved that it was desirable that National Councils of Nurses be formed, and recommended the formation of a Provisional Committee of delegates from the Societies represented at the meeting with a view to affiliation with the International Council of Nurses; the formation of a National Council to be considered when the number represented by delegation amounted to 5,000.

In Scotland and Ireland.—In Scotland, co-operation amongst nurses is practically non-existent, but an influential committee has recently been formed, upon which several prominent nurses have seats, with the object of promoting State Registration of Nurses. No doubt by this means nurses will be educated as to their professional interests and duties, and will learn to appreciate the benefits of co-operation.

In Ireland, the Matrons of the leading hospitals and nursing institutions have, during the past year, initiated the Irish Nurses' Association, of which several hundreds of certificated Sisters and nurses have already become members.

In the United States of America.—In the United States of America the nursing profession is effectively

organised on co-operative lines, and two great national societies of nurses—the American Society of Superintendents of Training-Schools for Nurses, and the Nurses' Associated Alumnae of the United States (that is a society of affiliated Leagues)—have come together by delegation and formed the American Federation of Nurses (in effect a National Council of Nurses), which is ready and willing to affiliate with the National Councils of Nurses of other countries when formed, and thus to compose the International Council of Nurses, as provided for in its existing Constitution.

As the result of the solidarity of the nursing profession in the United States, and the respect which it engenders in the public mind, State Registration of Nurses has been effected in five States of the Union.

In Australasia, effective co-operation exists in New South Wales and Victoria amongst trained nurses, through association in the Australasian Trained Nurses' Society, the Victorian Trained Nurses' Association, the Prince Alfred Hospital Trained Nurses' Reunion, and the recently-formed Australasian Matrons' Council—in the building up of which societies Miss S. B. McGahey, Hon. Vice-President, and Miss M. D. Farquharson, Councillor, have worked untiringly.

In New Zealand.—The profession of nursing has been put on a legal basis in New Zealand by Act of Parliament, a Bill for the Registration of Trained Nurses having been passed in 1901, by which a minimum standard of education and qualification in nursing has been defined. Mrs. Grace Neill, Councillor, to whose efforts legislation was largely due, has been appointed Deputy Registrar for the Colony, and is of opinion that the system of registration by the State has already proved of great benefit to the community.

In Canada.—The growth of co-operation amongst nurses is slow, but is proceeding on Alumnae lines. Owing to its geographical position it has participated in much of the progress effected by Canadian women trained and holding high professional positions in the United States. Canadian Matrons co-operate with their American colleagues, and together form the American Society of Superintendents of Training-Schools, and the courtesy of social amenity is con-

stantly exchanged between Leagues of Canadian and American nurses.

The Hon. Treasurer, Miss Agnes Snively, Lady Superintendent of the General Hospital, Toronto, is in warm sympathy with all that tends to create a deeper sense of professional responsibility amongst trained nurses, and is doing good work in encouraging co-operation amongst Canadian nurses.

In the Province of Ontario the Ontarian Graduate Nurses' Association has recently been formed, which is working in the interests of legislation for nurses. Doubtless other Provinces will follow.

In Holland.—Miss L. Kruijsse, Hon. Vice-President, takes a leading part in co-operative movements. A Matrons' Council is now formed in Holland, consisting of some forty members, which meets in friendly conclave; there are two associations of nurses, and great progress is being made in the professional and social well-being of Dutch nurses.

In Germany.—There has been formed the German Nurses' Association, of which Fraulein Agnes Karll is President, and this little band of courageous women will, no doubt, with time and determination effect the liberation of trained nurses in Germany from conditions of labour which are incompatible with the spirit of an age which demands responsibility for personal action.

A school for Hospital Matrons in Germany has been organised by the Sisters of the Bavarian Association of the Red Cross at Munich, of which Sister Clementine von Wallmenich is head, and it has been entrusted with training Matrons for all the German Red Cross Homes; its constitution is wonderfully complete.

In India.—Miss Charlotte Richmond Mill, Lady Superintendent of St. George's Hospital, Bombay, has accepted the invitation to act as Hon. Vice-President for India. Miss Mill held, in this country, the position of Assistant Matron at the Lewisham Infirmary, and had experience in India as a Sister in the Plague Nursing Service.

In South Africa.—In South Africa we have now an Hon. Vice-President, Miss J. C. Child, Lady Superintendent of the New Somerset Hospital, Cape Town. Nurses, both in Cape Colony and Natal, are registered

under the respective Medical Councils, but so far nurses themselves take no part in the examination of candidates for a nursing diploma. It would be advantageous if a conjoint board of medical men and nurses were appointed to conduct the nursing examinations. Owing to the unquiet condition of the country in recent years internal progress has been difficult, but the outlook for the future is hopeful.

CONSULTATION OF HON. OFFICERS.

In August, 1903, the President and Hon. Secretary met in conference in Amsterdam in reference to the necessary arrangements for the forthcoming meeting of the Grand Council at Berlin in June, 1904.

Subsequently the Organising Committee of the Quinquennial Meeting, consisting of the British members of the International Council of Nurses, which was held in London on October 22nd, suggested the following ladies for nomination for election to the positions of Hon. Officers for the ensuing Quinquennial Period :—

President.

Miss Susan B. McGahey, Graduate London Hospital Training-School for Nurses, London; Hon. Vice-President for Federated Australia; Lady Superintendent of Prince Alfred Hospital, Sydney; President of the Prince Alfred Hospital Trained Nurses' Reunion; late Hon. Secretary Australasian Trained Nurses' Association, and its Delegate to the International Council of Nurses and Congress, Buffalo, U.S.A., 1901; Hon. Member Matrons' Council of Great Britain and Ireland; Member Australasian Matrons' Council.

Hon. Secretary

Miss L. L. Dock, the present Hon. Secretary, has consented to stand for re-election.

Hon. Treasurer.

Miss Margaret Breay, Hon. Secretary of the Matrons' Council of Great Britain and Ireland, late Matron of the Metropolitan Hospital, London, and Matron of the English Hospital, Zanzibar, Assistant-Editor BRITISH JOURNAL OF NURSING, Graduate St. Bartholomew's Hospital, London.

It was also arranged by the Organising Committee that reports, for presentation to the Quinquennial Meeting, should be invited from experts in the various countries on :—

1. *Legislation* effected for Trained Nurses—
 - (a) By State Registration ;
 - (b) Under Government Departments in the Army and the Navy.
2. *Education.*

To define a curriculum of education and a minimum standard qualifying for registration as a trained nurse.

In the absence of Miss Snively, the Hon. Treasurer, the President called upon Miss Breay to read the

FINANCIAL REPORT.

This showed a balance in hand on January 1st, 1901, of 14 dols. 18 cents, and of donations received by the Treasurer since that time of 14 dols. 75 cents. The balance in the Treasurer's hands on May 14th 1904, was 18 dols. 42 cents.

Miss Breay also reported that since the formation of the Council £18 10s. had been received for the expenses of the Council in Great Britain, mainly the gift of an anonymous friend.

The adoption of the Reports was proposed by Miss Mollett, seconded by Miss Burr.

Miss Mollett further proposed that the thanks of the Council be accorded to the Hon. Officers for their economical management, and Miss Burr proposed that its thanks be also conveyed to the anonymous friend who had so generously subscribed to the funds in Great Britain. Both these propositions were carried by acclamation. The General and Financial Reports were then adopted.

The following ladies were then appointed Scrutineers to examine the voting papers which had been

sent in for the election of Hon. Officers for the ensuing Quinquennial Period :—

Miss Isla Stewart.

Miss Margaret Huxley.

Miss M. E. Thornton.

AFFILIATION OF NATIONAL COUNCILS.

The President explained that in drafting its Constitution the International Council of Nurses had followed the organisation of the International Council of Women, the principle adopted being that the International Council should be composed of National Councils represented in the International by duly appointed Delegates, and that National Councils, in their turn, should be composed of Delegates from self-governing Nursing Associations—that is to say, Associations of Nurses in which the nurses who composed them had the power of the vote.

In the United States the organisation of a National Council was complete. There the graduates of the various schools formed themselves into Alumnæ Associations, which were united in the National Associated Alumnæ, and, later, by joint delegation with the American Society of Superintendents of Training-Schools formed the American Federation of Nurses, which, again, was affiliated to the National Council of Women.

America was a great place for organisation, due no doubt to the fact that Americans legislated for their own times, and left those who came after them to manage their own affairs.

In Great Britain there were three strong national elements—English, Scotch, and Irish—which were not always blended in a perfect manner. Each had national characteristics, and it was a matter for consideration whether Great Britain and Ireland should have one National Council, or whether each country should organise separately.

In the largest society of nurses in Great Britain, the Queen Victoria's Jubilee Institute, it had been found expedient for each country to have its own branch, and it seemed probable that it would be best for the National Council of Nurses to adopt this method. Ireland had its Irish Nurses' Association, which could act as a National Council. It was a young society, but not quite so young as it appeared, as it was a wider development of the former Nurses' Club. The Scotch were sturdy but slow, and must be given time. In England a tumultuous upheaval was still seething. English nurses were divided into two parties, the Reactionaries and the Progressives, and neither had much use for the other. At a Conference of Progressives recently called by Miss Isla Stewart, Hon. Vice-President for England, a Provisional Committee of forty-two nurses, representing seven self-governing societies, was formed, to act as the intermediary between that country and the International Council, until such time as the nurses represented numbered 5,000, when the full constitution of a National Council would be considered. It spoke well for the enthusiasm of the forty-two delegates forming the Provisional Committee that fifteen out of that number were present at this meeting.

In Germany, as Fraulein Karll had explained, the German Nurses' Association had been formed by nurses called the "Free Sisters," because after their training is over they claim the right to a self-governing life. Thus their organisation is like that of English and American nurses. Everyone realised the good work done by the Religious Orders, but that was no reason why the Free Sisters should not organise on lines which seemed good to them. They had a right to an individual and professional life uncontrolled by religious communities.

There was at present very little organisation of nurses except in the three countries she had

mentioned, but if they were prepared to affiliate, and so form the International Council of Nurses on a corporate instead of an individual basis, the number of nurses represented would be upwards of 8,000, quite a sufficient number to form a solid foundation of a Council organised on representative lines.

The only persons who had a right to vote on this question were the Foundation Members and the Hon. Vice-Presidents. She would now like to ask the representatives of the countries concerned their feeling on the matter; perhaps Miss Thornton, the Delegate of the National Associated Alumnae of the United States, would tell the meeting the feeling of American nurses on the question.

Miss Thornton said she thought there was not much room for argument on the question. The American Federation of Nurses was quite willing to come into the Council. She thought there was nothing to be done but to get into International relations.

Miss Dock here suggested that there were delegates of alumnae associations in the room who would like to say something. She added, "Don't take a three thousand miles trip across the Atlantic to get to this meeting and then sit silent."

Miss Ehrlicher, New York, Miss Fulmer, Chicago, and the Delegates of the Jersey City Association and of the Buffalo General Alumnae Association having spoken in warm support of international affiliation,

Miss Isla Stewart said that, having worked hard in the cause of nursing organisation for seventeen years, it was with great pleasure that she recently took the chair at the meeting of Associated Leagues to which Mrs. Fenwick had referred. She had to report that they were not only ready to enter into international relations, but eager and enthusiastic in regard to the question.

Miss Rogers (Leicester) said she was not at the meeting, but the Leicester League was eager to come in.

Miss Pell-Smith (Leicester) thought there were no two sides to the question. The nurses of the world must cease to be isolated, and become international. The lesson of the week had been the great help and encouragement afforded by international co-operation. She trusted the outcome of the present meeting would be strong international union.

Miss Burr (St. John's House) said she was heart and soul in support of the proposition. She hoped the International Council of Nurses would eventually embrace every nation in the world.

Miss Huxley (Dublin) said that she could not speak officially for the Irish Nurses' Association. She was unable to say it would join, but she felt sure it would consider the question of international affiliation with interest.

Fraulein Karll (Germany) said that the Committee of the German Nurses' Association had authorised her to say it was ready to join the International Council of Nurses.

Miss Krusysse (Holland) said that country had at present no real central organisation.

Mme. Salvador (Paris) said that a commencement was now being made to found a proper nursing school in Paris. The training was for two years, and then the pupils signed on for another three years to work in connection with the school. At present there was no association of French nurses.

It was then proposed by Miss Isla Stewart, seconded by Miss Dock, and carried unanimously :—

“That invitations be officially sent to the Federation of American Nurses, the Provisional Committee of the National Council of Nurses of England, and the German Nurses' Association, inviting them to affiliate with the International Council of Nurses.”

THE ADOPTION OF OFFICIAL ORGANS.

The President said that it was necessary the Council should have an official organ in each country where a National Council was formed, in order that international news might be communicated to the members with the least waste of energy. She proposed that the Council should adopt an official organ in each of the countries which expressed its willingness to enter into international relations.

There were two journals which stood, and had always stood, for co-operation amongst nurses—the *BRITISH JOURNAL OF NURSING*, a weekly journal which had been edited by nurses for the last eleven years, and the *American Journal of Nursing*, a monthly journal, also edited by nurses.

The German nurses had as yet no journal of their own. She suggested, therefore, that official information should be sent to Fraulein Karll, to place where she thought well, until the German Nurses' Association had its own organ.

It was proposed by Miss Burr, and seconded by Miss Cutler, that the *BRITISH JOURNAL OF NURSING* be adopted as the official organ of the International Council of Nurses in Great Britain.

It was proposed by Miss Sanborn, and seconded by Miss Ehlicher, that the *American Journal of Nursing* should be the official organ in the United States of America.

Fraulein Karll explained the position to the German nurses present.

It was then put to the meeting and carried unanimously "That the *BRITISH JOURNAL OF NURSING* and the *American Journal of Nursing* be adopted as the official organs of the International Council of Nurses, and that all official information be sent by the Secretary to Fraulein Karll."

THE APPOINTMENT OF OFFICERS.

The President then announced that the Scrutineers

reported the election of the following Hon. Officers for the next Quinquennial Period :—

President.—Miss S. B. McGahey, Australasia.

Hon. Secretary.—Miss L. L. Dock, United States of America.

Hon. Treasurer.—Miss Margaret Breay, Great Britain and Ireland.

She said that the Council was much to be congratulated on the officers returned.

Miss McGahey, until recently the Matron of the Royal Prince Alfred Hospital, Sydney, did not now hold an official position. There was sometimes a feeling that when a woman relinquished her official position she was no longer a nurse. But when we looked back over the work Miss McGahey had done for nursing in Australasia we should see that it was continuous and progressive for the benefit of nurses and the profession. Much would depend on her in the International Council, and we must ask her to use the best of her energies to bring the Australasian nurses into International sympathy and relations with other nations.

Miss Dock was well known to those present. She was so cosmopolitan that we felt she belonged to us all, and it would be impossible to have a more acceptable Hon. Secretary.

Miss Margaret Breay's experience would be invaluable to the Council. No woman in England had done more for the organisation of nursing than Miss Breay—quiet, unobtrusive, untiring work, which was producing great results.

Miss Dock said that, according to the Constitution, a President who retired at the close of a full term of office became an Hon. President with a seat on the Executive Committee and Grand Council for life. She moved that Mrs. Fenwick be accordingly appointed to this position. She moved that the Hon. President receive the grateful thanks of the

Council. She moved that Mrs. Fenwick do all the work on this side.

In seconding, Miss Stewart said no one knew what Mrs. Fenwick's work had been as she did. She must own that during the last seventeen years she should many times have fainted by the way if it had not been for her. No one was better qualified to speak on courage than Mrs. Fenwick. She had the courage of conviction, the courage of a fighter, the courage of patience. If Miss Breay had done more than any other woman for nursing organisation in England, Mrs. Fenwick had done more than any other woman in the world.

Miss Huxley said she thought it a very great loss to the Council that Mrs. Fenwick did not continue in office as President. The members knew her, her work, and her courage. Only a few weeks ago she had visited Ireland, and she was recognised by Irish nurses as one who had their true interests at heart. She hoped that five years hence Mrs. Fenwick would again accept office as President.

Mrs. Fenwick said that, to be quite frank, she had the welfare of the Council at heart when the provision that retiring Presidents should become Hon. Presidents with a vote on the Executive Committee and Grand Council for life was incorporated in the Constitution. History had shown that in the early days of organisation complete disruption every five years was injurious. At the same time, it was a great mistake to imagine that only one person was capable of holding a particular office; she objected to the monopoly of office—it was contrary to the principles of Internationalism. In her opinion there should be a fresh President for each Quinquennial Period. In thanking Miss Stewart and Miss Huxley most heartily for their appreciative words, she begged to say that in her capacity of Hon. President she hoped still to put her finger into every International nursing pie.

THE NEXT QUINQUENNIAL PERIOD.

Mrs. Fenwick then said that the Council would be glad to receive suggestions, if anyone present desired to offer them, as to the method of work for the next Quinquennial Period. The last five years had been occupied in quiet organisation work. In the large majority of countries nurses did not yet understand the principles of Co-operation and Internationalism, and the work of the Council was to educate the graduate in every country in her duty towards her nurse neighbour. The world was a very small place. By international communication we learnt that our own little hospital did not constitute the nursing world, nor even our own League or National Association. Science compelled us to realise that Internationalism was inevitable in the future, that units counted for very little, their relative value in the sphere of creation being infinitesimal.

Miss Mollett said it was important to remember that the International Council was formed of National Councils, which, in their turn, were composed of Associations of Graduate Nurses, or Training-School Leagues. Therefore, all who had the interests of the Council at heart should bend their energies towards stimulating the formation of additional Leagues, so that National Councils might have the whole body of nurses in each country behind them.

Mrs. Fenwick said that at present we had in Great Britain a Provisional Committee, not a fully-organised National Council. This Committee was formed of delegates from seven self-governing Leagues and Societies, and represented about 2,000 nurses, and it was the desire of all those who composed the Committee that others should come in and increase its influence. A National Council would not be formed until 5,000 nurses were represented.

The growth of a National Council in Great Britain

would probably be slow, but it would be better to begin with a Provisional Committee representing 2,000 members animated by a progressive spirit than a large Council not inspired by the spirit of unity.

Miss Dock reminded those present of the power of the press, and asked all connected with nursing journals to repeat in them International ideas and principles and to disseminate information as to the objects of the International Council of Nurses.

This concluded the business of the Morning Session, and the meeting then adjourned till two o'clock. The nurses present took luncheon together in a garden near at hand, the arrangements having kindly been made by Fraulein Karll.

AFTERNOON SESSION.

Mrs. Bedford Fenwick, President, presiding.

On the afternoon of June 17th the Council met to receive Reports from Affiliated Countries —

1. On Legislation effected for Trained Nurses :
 - (a) By State Registration, and (b) under Government Departments in the Army and Navy.
2. On Education.

In opening the session the President said that the only countries in which the Naval and Military Nursing Services are organised in connection with the respective Navy and Army Governmental Departments are Great Britain and the United States of America. The authorities of the Admiralty in Great Britain had been communicated with, and a report on nursing in connection with the Royal Naval Service invited. A reply was received that "Nurses of hospitals at the Home Posts have all been consulted, and the reports received show that there is no member of the Nursing Service who desires to present a paper."

Nothing, the President said, could prove more conclusively the need for a modern system of organisation in the Royal Naval Nursing Service than the fact that there was apparently not a woman in it who appreciated the importance of international comparison and conference.

Mrs. Fenwick reported further that invitations were sent in February to the Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service, and to the Superintendent of the Army Nurse Corps in the United States, inviting these ladies to contribute reports on legislation effected for trained nurses in the respective Army Nursing Services of these countries. A letter on the subject was also addressed to the Surgeon-General of the United States Army.

Almost by return of post a courteous reply was received from the Surgeon-General of the United States Army, acceding to our wishes that a report might be furnished by Mrs. Dita H. Kinney, the head of the Army Nurse Corps.

An official reply was received six weeks later from the English War Office, to which the request had been referred, when the Secretary of the Army Council stated that he was commanded to acquaint the Organising Committee "that the Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service, will be pleased to afford the fullest information on any subject connected with the Service to any delegate whom you may be pleased to appoint for that purpose."

This was, in fact, said Mrs. Fenwick, a polite way of refusing our request. She added that the attitudes of the British and American War Offices forcibly illustrate the diverse methods by which the Government Departments of a young and progressive nation, and of one hampered by traditions of bureaucracy, respectively conduct the affairs of the nation. As the Council was not accorded the

privilege of a report from the Matron-in-Chief of the Military Nursing Service, it seemed, Mrs. Fenwick said, unnecessary for an outsider to apply for official information. Both Miss Stewart and she herself, who were present at the meeting, had taken an active part in advocating Army nursing reform for many years, and could probably tell the Council more of the past history of the movement than the authorities of the War Office. The following reports were then presented :—

GREAT BRITAIN AND IRELAND.

BY

Mrs. BEDFORD FENWICK,

President International Council of Nurses.

LEGISLATION.

Since the last meeting of the International Council of Nurses in 1901 I have to report progress in the better organisation of nursing, both in special sections and in the work at large.

Prominent amongst the objects of the Matrons' Council of Great Britain and Ireland since its foundation in 1894 has been "to bring about a uniform system of Education, Examination, Certification, and State Registration for Nurses in British hospitals," and it had a standing Sub-Committee to deal with the matter. In 1902 it was felt that the work had outgrown the powers of this Sub-Committee, and a Society was therefore formed having for its sole object "To obtain an Act of Parliament providing for the legal Registration of Trained Nurses." The success achieved by this method has been most encouraging. In two years over 1,200 well-trained nurses have joined the Society, and it has received the support of influential members of the public. A Bill for the Registration of Trained Nurses has been drafted, and has been introduced into the House of Commons, and the Prime Minister has now promised the appointment of a Select Committee of the House of Commons to inquire into the whole Nursing Question, including that of Registration. The organisation of graduate nurses in Leagues has also proceeded, some-

what slowly, as is the fashion in our conservative country, but their formation in each case has been warmly received by the graduates of the school concerned. The further union of these Leagues and of self-governing nursing societies has made the affiliation of English nurses with the International Council of Nurses a possibility. They have formed, by delegation, a Central Society which will act as a provisional committee, until the number of nurses so represented is 5,000, when the full formation of a National Council will be considered.

Since our last meeting, the British Army Nursing Service has been radically reorganised, and it is satisfactory that nearly every reform urged in connection with this department by the Matrons' Council has now been adopted. This is especially gratifying, as at the time when Miss Stewart, the President, on behalf of the Council, presented its memorandum, on the occasion of a deputation being received at the War Office by the late Secretary of State for War, to urge improvements seemed to be to lead a forlorn hope. To Mr. St. John Brodrick, late Secretary of State for War, belongs the credit of being the first Minister to place the control of a Government Nursing Department under a Nursing Board upon which trained nurses have seats, and to appoint a trained nurse as its Matron-in-Chief.

It is to be regretted that in drawing up new Regulations for the Navy the same organisation has not been adopted by the First Lord of the Admiralty. So long as a Nursing Department is merely an appendage of a Medical Department, and is not supervised by experts, it can never perform the best work of which it would be capable under better conditions of organisation.

A Nursing Board has also been appointed to advise the Secretary of State for India with regard to nursing appointments.

THE UNITED STATES OF AMERICA.

BY

Miss S. F. PALMER,

Member of Board of Examiners of Nurses, New York State.

When the last International Congress of Nurses was held in Buffalo, New York, in September, 1901, the

movement for Registration was only just beginning in the United States. New York, Virginia, and Illinois had taken the initiatory steps towards the formation of State Associations for Nurses for the purpose of establishing Registration, but these organisations were then incomplete, and the questions of eligibility for membership and the standards of education upon which Registration should be based had not even been taken up for serious consideration.

To-day, with less than three years intervening, Registration is in active operation in four States—North Carolina, New Jersey, New York, and Virginia, with the law established in Maryland.

The nurses in four other States have completed the organisation of State Associations, presented Bills to the respective Legislatures, and been defeated. One of these, the Illinois Association, succeeded in having its Bill pass both Houses of the Legislature, to be vetoed by the Governor, and the others, those of Massachusetts, Iowa, and the District of Columbia, have preferred to withdraw their Bills rather than accept the conditions under which they could have been passed this year.

Pennsylvania, Ohio, Indiana, Connecticut, Michigan, California and Louisiana have State Associations in different stages of development, while in Colorado, Minnesota and West Virginia there is agitation in the direction of State organisation for Registration. Thus it will be seen that Registration of Nurses is in all stages of development in the United States, from the actual issuing of certificates in the four States first mentioned, to the agitation preceding the formation of State Associations.

New York, Illinois, Virginia, New Jersey, and North Carolina did the pioneer work, the nurses of these States working independently to a much greater degree than was wise; consequently the first Bills drafted were quite unlike in their requirements.

New York made a long, hard struggle for a Board of Nurse Examiners and won in the end; the North Carolina nurses were satisfied with a Board of Examiners composed of three nurses and two physicians; New Jersey asked for no examiners, only a licence to practise without educational requirements

of any kind ; the Virginia Bill was very like the New York Bill ; while the Maryland law, the last to be secured, is a decided improvement upon them both in its educational requirements, and it is to be hoped that each State, as it adopts laws for the Registration of Nurses, will profit by what the other States have struggled for and gained and make their standards higher.

There can hardly be said to be opposition to the idea of State Registration for Nurses in the United States. The necessity for Registration is recognised, and the nurses have the support of the medical profession and the public, but there has been from the beginning some opposition to the idea of nurses acting independently for themselves, evinced by what I may call the petty element in the medical profession, and in Massachusetts and the District of Columbia this influence was strong enough to cause the nurses to withdraw their Bills rather than submit to having registration placed absolutely in the hands of the Board of Medical Examiners, as was attempted by medical men of this petty character in both places.

Broadly speaking, the nurses of the United States have the support of the public and co-operation of the medical profession in their effort for Registration. The opposition has been of a commercial character, emanating from men or institutions with a selfish end to serve, and it is not regarded as a serious obstacle to success.

The indifference of the masses of nurses, their lack of knowledge of what Registration really aims to accomplish, and their purely selfish attitude toward the entire question, is the most serious menace to the success of the movement, and the greatest discouragement to the workers.

The mistake that has been made, if it can be called such, has been undue haste in rushing into legislation before the great rank and file of nurses were sufficiently informed of what such legislation was to accomplish.

In so brief a paper very little of the detail of the work of the different States can be included. I speak with greater assurance of the New York results from direct personal knowledge, and to show the practical

value of the application of the law as already recognised I give one illustration.

In New York the registration of the other professions has been so long an established feature of the Regents of the University of the State (the State Board of Education) that in securing the Registration of Nurses only another department had to be added to the work of the Regents' Office. The most important and far-reaching feature of the New York Bill for the Registration of Nurses is the requirement that nurses to be eligible for registration must be graduates from training-schools approved by the Regents of the University as maintaining proper standards.

This makes it necessary that the training-schools shall be registered, not only the schools of New York State, but the schools all over the country, and already training-schools from Maine to California are applying for registration, and, in a great number of instances, have changed their curriculum to conform to the requirements of the University, so that their graduates, who flock in great numbers to New York City for both private and institution work, may receive the protection of the New York law.

The Regents of the University called upon the Nurse Board of Examiners to outline the minimum requirements of education which should be exacted from schools applying for registration, and in creating such requirements it was necessary to consider, not the good schools, but the most inferior in methods and facilities, that the hospitals should not be demoralised by arbitrary requirements in the beginning. One of the conditions to which all schools must conform before being registered by the Regents of the University is that nurses shall be given both practical and theoretical instruction in obstetrics, each nurse to have the care of at least six cases.

It was found that a large number of schools were not teaching obstetrics at all; others gave some practical experience in the houses of the poor without supervision; others averaged two or three cases only, &c. Already most of the schools failing in this particular have provided facilities for meeting this condition. The same holds good of the requirement for

experience with children, proper instruction in cooking, &c., and it is from such results that we realise the wonderful power of the law.

With us, before Registration can be complete, legal enactments must be secured in all the forty-five States in the Union.

The important thing is that the nurses in all the States shall stand together for the essentials—*i.e.*, a Nurse Board of Examiners nominated by the State Association, with a voice in fixing the standards of education that shall be required of the training-schools, both preliminary and technical, and, lastly, that in management of the State Association nurses shall never for a moment lose sight of the seriousness and importance of the work they are organised to perform, the working out of a reform that is endless in its scope and that will continue to influence the public at large and the education of the nurses of the future long after the youngest among us has passed away.

NEW ZEALAND.

BY

Mrs. GRACE NEILL,

Assistant Inspector of Hospitals, and Deputy Registrar of Nurses, New Zealand.

An Act to provide for the Registration of Trained Nurses was passed by the Parliament of New Zealand in September, 1901, and came into operation on January 1st, 1902.

The principal sections of the Act run as follows :—

“From and after the coming into operation of this Act every person who has attained the age of twenty-three years, and is certified as having had three years’ training as a nurse in a hospital, together with systematic instruction in theoretical and practical nursing from the medical officer and Matron of that hospital, and who passes an examination from time to time held by examiners appointed under this Act, is entitled to registration on payment of a fee of £1.”

“Every person is entitled to registration, on payment of a fee of £1, who holds a certificate

from the medical officer or authorities of any hospital out of New Zealand recognised by the Minister under any regulations under this Act, if equivalent in training and examination to what is required from New Zealand nurses under this Act."

And under these sections we have now been working for over two years.

When the Bill was before the House of Representatives, the untrained or partially-trained women styled nurses found many champions. Some members thought that any sort of woman who had habitually nursed the sick for not less than four years should be registered, and a clause was inserted (section 5) to this effect. Fortunately, the open door was to be closed December 31st, 1902, as after that date no certificate could be issued under section 5.

This point must necessarily be a difficulty in any Bill for registering members of a profession. Medical men, chemists, dentists, have each in turn had to submit, on first establishment of Registration, to the admission of some undesirable old hands to the Register, and the nursing profession cannot hope to escape. And, truly enough, section 5, with its open door, presented many difficulties during the first year. These difficulties were modified by (1) insisting on candidates having had some satisfactory training; (2) by requiring all candidates under this section to pass a Government examination before they could be registered. These slight barriers greatly reduced the number of candidates under section 5 of the N.Z. Act—less than twenty entered for examination, and the majority of those had had over two years in a public hospital. I make special note of this difficulty in working section 5 of our Act, because the experience may help the framers of any future Bill. There must be temporarily an open-door clause, but make its operative limit short and final, and raise the barrier of an examination.

Section 12 of the N.Z. Act says :—

"In all appointments of nurses in hospitals under the control of Boards constituted under 'The Hospitals and Charitable Institutions Act, 1885,' preference of employment in regard to future vacancies shall be given to registered

nurses : Provided that nothing herein contained shall be construed to interfere with the employment of probationer nurses in such institutions."

Although the New Zealand Act does not make registration by the State compulsory, it was very soon found by nurses that such registration was greatly to their advantage, and gave them a professional status hitherto lacking. The private nurses found it specially advantageous to them, for in New Zealand, as elsewhere, any woman who chose to wear a uniform was regarded by the public as a "hospital nurse." The Trained Nurses' Registration Act has made a clear line of demarcation, thereby educating the patient's friends to inquire whether the uniformed young woman sent to them is a "registered nurse" or not. I unhesitatingly pronounce the effect of State Registration to be good from every point of view; it is proving of benefit to the public, to the medical men, and to the nurses themselves. Its force lies not in compulsion, but in steady pressure. I know of several young women who had been private nursing for years (having had absolutely no hospital training), and who within this last year have found themselves obliged to enter a general hospital for the three-year training with a view to registration, or to give up going out nursing. Of course, no Registration Act can be thoroughly effective until such time as the medical profession find it to their own and their patients' interest to recommend the employment of registered nurses.

Examinations for the State Registration of Nurses are held twice each year—the first Tuesday and Wednesday in May and December. A list of registered nurses is published in the *Government Gazette* in January each year.

Intending candidates send to the Registrar a certificate form, signed by the medical officer, Matron, and chairman of their training hospital, showing that they are eligible under the Act.

There is both a written and a practical examination. Papers are set by a different medical man each time, and he allots percentage of marks to the answers without knowing name or hospital of candidate. The papers, one on Anatomy and Physiology, and one on

Nursing, are the same in every centre, and answers are written on the same day everywhere, under supervisors.

The practical examination of each candidate is held in the respective local centre by a medical man conjointly with a trained nurse (preferably a Matron); each nurse is examined in the operating theatre or wards of a hospital.

Such is an outline sketch of the working of the New Zealand Act for the registration of trained nurses. It has now been in operation for nearly three years, and works smoothly and automatically.

The fact of an independent examination being held at regular intervals by the State stimulates our training-schools. No hospital likes its nurses to come out bottom of the list, and, of course, if one hospital had persistently low percentages, or its nurses failed to pass, it would naturally lead to the conclusion that either doctor or Matron were not doing their duty so far as teaching their staff goes.

There is no line drawn by the New Zealand Act regulating the size of the hospitals permitted to send up candidates for examination. This has been criticised as a defect, for, naturally, a nurse having been three years in a small country hospital of some twenty or so beds could not have acquired the knowledge and experience of one trained in a larger hospital. Practically, in New Zealand, at any rate, it seems to work out satisfactorily. It is leading the smaller hospitals to employ registered nurses instead of attempting to train local girls as probationers. It must also be borne in mind that we have in New Zealand as Government officials an Inspector and Assistant-Inspector of Hospitals. Every hospital is visited at least once in the year, and a report is laid on the table of the House of Representatives annually with regard to each hospital and charitable institution. This keeps the Inspector, who is also the Registrar of Nurses, in touch with the methods and efficiency of every hospital.

A criticism of State Registration in a recent number of a Colonial nursing journal points out that, unlike a Nursing Association, it provides "no journal, no lectures, no sick fund &c.," but "leaves nurses to their own devices."

Most assuredly. Registration of Nurses by the State has no patronage, benevolence, or spoon-feeding about it. Each individual nurse has to show a State-appointed and impartial authority that her training has been efficient and thorough, and she pays her fee for a certificate to that effect. It is a policy of self-reliance, not of humble dependence on crumbs from the table of patronage.

There is nothing to prevent any group of State-registered nurses from forming clubs or associations of any kind for purposes of social intercourse or study. But let it be clearly fixed in the mind that State Registration has no charity or sentiment about it. The Government or State gives each nurse her hallmark of efficiency if it is deserved and paid for, just as the State, in New Zealand, registers every medical man, chemist, and dentist.

There is one piece of recent legislation in N.Z. that will affect nurses, namely, a provision made in the Public Health Act, 1903, for the inspection, licensing, and registration of private hospitals, under the Department of Public Health.

AUSTRALASIA.

BY

Miss S. B. MCGAHEY,

*Late Lady Superintendent Prince Alfred Hospital, Sydney;
Hon. Vice-President for Federated Australia.*

Fellow-workers, — It is, unfortunately, not my privilege to meet you again on the occasion of your Quinquennial Meeting in Berlin. Instead I must send you my most cordial greetings, and wish you, if possible, an even more successful reunion than we had in Buffalo in September, 1901. At the request of Mrs. Bedford Fenwick, President of the International Council of Nurses, I am sending you a brief sketch of our work in the Australasian States since our last meeting in Buffalo. During the past two years, pressure of work at the Royal Prince Alfred Hospital, Sydney, has prevented me from taking as active an interest as formerly in nursing matters outside my own sphere of labour. Extensive additions have recently been made to the Royal Prince Alfred, which, when completed, will bring the bed

accommodation up to 456. Structural alterations in the administrative buildings have also been carried out. These and many other improvements have engaged a large amount of my attention, and added considerably to my ordinary work.

Steady progress has been made in nursing organisation in Australasia during the past few years, but it must be admitted there is still a great amount of work to be accomplished. As yet, we have no preliminary training-schools, no post-graduate courses for nurses who have severed their connection with their hospitals, and no State Registration. In the sister island—New Zealand—State Registration for Nurses has been in force for more than two years. It is a matter of regret that the Committee of the Royal Prince Alfred Hospital, Sydney, were unable last year to carry out their projected scheme for establishing a preliminary training-school for nurses in connection with that hospital. The matter was duly considered and approved of by the Board of Directors, but, owing to the falling-off in the subscriptions, due to the protracted drought, they considered it advisable to wait till the outlook was brighter. The drought is now a thing of the past, prosperity is returning to our sunny clime, and very soon the Royal Prince Alfred Preliminary Training-School will be an accomplished fact.

The Matrons' Council of New South Wales has now been in existence for eighteen months, and has amongst its members the Matrons of the leading hospitals in the State. The standard of nursing is higher in the country hospitals than formerly. This is due in large measure to the active interest awakened by the Councils of the Australasian and Victorian Trained Nurses' Associations. The Australasian Trained Nurses' Association has now been in existence since August, 1899, and has a membership of 804 nurses, independent of fifty-six medical and eighteen honorary members.

The number of recognised training-schools in Australasia, exclusive of Victoria and New Zealand, is sixty-nine. The Council of the Association are fully aware of the fact that small country hospitals have not the facilities for training pupils, and they have made suggestions as to the rectifying of this difficulty. Un-

fortunately, the Committees of these hospitals have not adequate funds at their disposal to pay for the services of fully-trained nurses, and their only alternative is to pay one or perhaps two trained nurses and take in pupils. When State Registration comes, these partially-trained women will fare badly, when they present themselves for examination with fully-trained nurses from up-to-date hospitals. As yet, the Council of the Australasian Trained Nurses' Association have not seen their way clear to appoint a Central Examining Board. This matter will receive consideration shortly. An informal meeting was held quite recently in Sydney to discuss State Registration for Australasia. This subject will be fully considered at a meeting of nurses which will be convened at an early date.

According to the rules of the Australasian and Victorian Trained Nurses' Associations no registered hospital can appoint a Matron who is not a member of either Association. This course has been adopted to prevent hospital committees from appointing untrained nurses to such positions. In January, 1903, the *Australasian Journal* was started. It is a quarterly publication, and has been found to answer the purpose for which it was intended. During the past winter, lectures were delivered to the members of the Association. These were well attended and much appreciated. Quite recently, a letter was sent to the Association signed by several Queensland doctors and nurses asking to have a branch in Brisbane, and this matter is now receiving the consideration of the Council.

The Victorian Trained Nurses' Association was founded in June, 1901, and has now a membership of over a thousand nurses. All the leading public hospitals in Victoria are recognised as training-schools. The minimum period of training is three years and no nurse can be registered who has only received a course of training in a special hospital. Last year the Victorian Association appointed a Central Board of Examiners. At regular intervals they hold examinations in Melbourne and the sub-centres. This Association can also well be proud of its quarterly journal *Una*, which has recently completed its

first year of existence. Henceforth it will be published monthly. Between the Australasian and Victorian Associations a basis of reciprocity exists. This arrangement has been found to work very satisfactorily.

Early last year the Australasian Trained Nurses' Association sustained a severe loss in the death of its much-respected President, Dr. Norton Manning. From the inception of the Association he held that position, and by his tact and great powers of organisation he tided the Association through many of the difficulties that beset it, and brought it into smooth waters.

We are, to a certain extent, organised through our associations, and, that being now accomplished, State Registration for Nurses will not be such a difficult matter to carry into effect.

In conclusion, let me congratulate those of you who have already obtained it, and wish you every success, and may I also express the hope that those who are now working in that direction will soon see their wishes gratified.

SOUTH AFRICA.

BY

Dr. MOFFAT,

Resident Surgeon, Somerset Hospital, Cape Town.

I beg to express my appreciation of the honour conferred on me when your President requested a short account of the working of the Medical Act in Cape Colony as affecting nurses. I have no personal knowledge of the effect of legislation in Natal, but I gather that what I say applies there. I will endeavour to give a few impressions which may be of value, though they are very ordinary and matter-of-fact.

The legislation in the Act of 1899, Part II., section 4, affecting nurses, is gradually improving the education of nurses and raising the standard of professional knowledge. Nearly all the hospitals in British South Africa elect as Ward Sisters only nurses who either hold the diploma of Trained Nurse granted by the Colonial Medical Council, or, if educated outside South Africa, have certificates entitling them to register

here. In this hospital we have a rule that "Ward Sisters shall be registered nurses under the Colonial Medical Act."

All the hospitals train their nurses with the view of entering for the Government examination at the end of their third year, and it has come to be the regular thing for a nurse to look forward from the beginning of her training to the Government examination as the completion of it, after which she can call herself a trained nurse. Many nurses who trained some years ago and neglected to take their diploma—it then not being the rule to do so—now find they cannot get work either in hospitals or private institutes, and have to turn to and work for their examination.

These facts show that the Act is working in the right direction, and perhaps it is better that it should be so doing in a gradual manner; thus the public opinion of nurses, and so later of the community, will not be far behind legislation. Then when we amplify and add to our legislation it will have the support of the profession and be effective, whereas if the profession and public are not ready to receive legislation it would be inoperative.

I will specify a few imperfections, or what I consider such, in our Act.

1. There is still nothing to prevent a woman untrained or partially trained from styling herself "Trained Nurse," and we have many such. Now, the Act should make the term "Trained Nurse" one which can apply only to a nurse who is registered, that is, to one who has had three years' training at a recognised school and passed the State examination or its equivalent. Anyone else using the term should be liable to prosecution. That is, we need a penalty clause. I may remark that I have used the term "Trained Nurse," but if the Council can suggest a better, that one will do. What we want is a term which will connote a proper training and examination, and which belongs to nurses and nurses only, just as the term Doctor of Medicine applies only to a medical man. In time the Sarah Gamp will be unable to enjoy the perfectly free use of a title which belongs only to the trained and certificated nurse.

2. We have no provision for the removal of a

nurse's name from the Register should she be guilty of crime, or conduct "infamous in a professional respect."

3. I venture to suggest, even though I may tremble at the thought of what our Council would say to such a thing, that some at any rate of the members of the Council should be trained nurses, who could discuss and vote on nursing questions. Probably in time there will be a Nursing Council; some of these should be trained nurses. At present the members of our Council are all men.

4. In the same way, I think the examination should be conducted in part by trained nurses.

The great gain which would follow from the two latter additions does not need to be pointed out.

The Cape Colony was among the first countries to enjoy State Registration for Nurses, but we do not enjoy the full benefits which ought to follow State Registration; that will only come gradually.

NURSING IN THE UNITED STATES ARMY AND THE LEGISLATION EFFECTED IN CONNECTION THEREWITH.

BY

Mrs. DITA H. KINNEY,

Superintendent Army Nurse Corps, United States Army.

In the "Historical Notes concerning the Medical Department of the U.S. Army," compiled by Capt. Harvey E. Brown, we find: "The History of the Hospital Department commences with the siege of Boston in 1775. . . . The Army, which gathered at Cambridge after the battle of Lexington, was assembled almost without any effort of public authority. It was rather the spontaneous result of the burst of patriotism and alarm which extended through the country, calling the farmer from his plough, the mechanic from his shop, the clergyman from his pulpit, and the physician from the sick bed. Few who thus responded had any idea there would be a war—at worst it would be of short duration—and had made arrangements for leaving their

homes for but a short period. Among them were many physicians who had come from their native towns, like the rest, ready to do anything to assist the cause of liberty, but they held no appointments except perhaps from captains of companies or self-elected colonels of regiments, and had not the means of establishing a hospital."

Though the Second Provincial Congress of Massachusetts Bay, then "earnestly occupied with the organisation of troops, took the first steps toward the establishing of a hospital and the assigning of surgeons to duty," many conditions made the harmonious and successful practical working out of their plans impossible. "What was wanted was a general head, and that the Provincial Congress could not give." The Colonial Congress then sitting in Philadelphia had "selected Washington as Commander-in-Chief, and passed an act for the appointment of General Officers and Officers of the General Staff, but made no provision for the Hospital Department."

On July 21st the Commander-in-Chief addressed a letter to the President of the Congress urging immediate consideration of some sort of a working plan for a medical service and the establishing of a hospital, as, he writes, "the lives and health of both officers and men so much depend on a due regulation of this department." Harvey goes on to state:—"Two days before this letter was written, however, Congress had passed a resolution, and a Committee was appointed to consider the method of establishing a hospital. On July 27th, 1775, this Committee reported a Bill which, after some discussion, was agreed to as follows:—That for the establishment of an army consisting of 20,000 men, the following officers and other attendants be appointed with the following allowances of pay:—

"One director-general and chief physician, his pay four dollars per day.

"Four surgeons, each ditto one and one-third of a dollar.

"One apothecary, each ditto one and one-third of a dollar.

"Twenty surgeons' mates each ditto two thirds of a dollar.

"One clerk, two-thirds of a dollar.

"Two storekeepers, each four dollars per month.

"One nurse to every ten sick, one-fifteenth of a dollar per day (a little more than six cents), or two dollars per month."

The section goes on to designate the duties of these persons, and adds:—"A matron to superintend the nurses' bedding," &c. The work assigned the nurses was "to attend the sick and obey the Matron's orders." From all of which it will be seen that coincident with the birth and organisation of a Medical Department for the Army the need for female nurses was recognised and their presence provided for by legislation.

In July, 1776, the limitation of one nurse to every ten patients was removed and authority given the director of a hospital to employ as many "nurses as necessary for the proper care of the sick in the respective hospitals." Authority was also given for the employment of a cook, *or nurses to act as cooks*. In March of '77 the pay of the Matron was increased to 15 dols. per month, and that of her nurses to 8 dols. In those early days it was thought that nurses were born, not made, and that being a woman one must necessarily be a nurse, and, while the daughters of the struggling Republic had to be taught to cook and to sew, they needed only to follow their intuitions to be able to care for the sick. It took something over a hundred years to educate public opinion to a realisation that the serious duties of the sick-room required something more in the way of qualification than the accident of sex, and still half a century added to that to demonstrate the necessity of fixing by law the minimum degree of education, general and specific, necessary to make a woman fit for the responsibilities of a capable and conscientious nurse. And so, all honour to them, the nurses of those days, who nursed and comforted the sick as best they knew how, "cooked, scrubbed the bunks and floors" as necessity demanded, carrying on their domestic and humanitarian work side by side—and we find no record that they did not do their part well.

In 1861, during the Civil War, Congress again authorised the employment of women as nurses, but

these were selected more on account of their matronly age and manners than for any other qualification.

In the second edition of the Revised Statutes, published in 1878, section 1,238 reads: "Women may be employed instead of soldiers in general or permanent hospitals at such times and in such numbers as the Surgeon-General or the Medical Officer in charge may deem proper."

Section 1,277 reads: "Hospital Matrons shall receive 10 dols. per month, female nurses 40 cents per day," from which it appears that already at this time the Matrons had taken the place which they now occupy, namely, as laundresses or servants, and the work of the nurse was recognised of a higher grade and given better pay—*i.e.*, 12 dols. per month.

Thus it will be seen that from the very birth of the U.S. Army provision has been made by Congress for the employment of female nurses in its hospitals, and only in the sense that the latest enactments revoke all earlier ones has the authority for their employment ever been withdrawn.

When the Hospital Corps was established in 1887 it was intended that its members should meet all the requirements for every kind of hospital service, the nursing, policing, and pharmaceutical work, thereby abolishing the previous practice of a special detail of soldiers from the line to perform these duties. This admirable and efficient corps of to-day justifies and bears witness to the wisdom and far-sightedness of those who planned it. The Navy had no such corps until after the Spanish-American War.

During the happy and uneventful period in our country's history between 1887 and the Spanish-American War, the Hospital Corps proved itself amply sufficient for the care of the sick of a small army of 25,000 men. At this time the corps numbered about 600, and after the addition of what was deemed a sufficient number to meet the emergency of the war, it was thought to be unlikely that the services of female nurses would be required.

It took but a short time, however, to make evident the great desirability of skilled women over the raw material which had been recently added to the corps, and, at the request of the Surgeon-General of the

Army, Congress, in April, 1898, authorised the employment of female nurses. On May 10th, 1898, the first nurses were ordered to Key West, Florida, and from that time to the present day the Medical Department has not at any time had less than 100 in its employ. The greatest number at one time was 1,200 in September, 1898, and at the time of the greatest stress there was much difficulty in securing enough suitable applicants to meet the demand.

With the signing of the Army Reorganisation Bill, February 2nd, 1901, the Nurse Corps as provided in Section 19 of that document became a component part of the army (decision of the Judge-Advocate General). The section reads :—

“Sec. 19. That the Nurse Corps (female) shall consist of one superintendent, to be appointed by the Secretary for War, who shall be a graduate of a hospital training-school, having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, whose compensation shall be 1,800 dols. per annum, and of as many chief nurses, nurses, and reserve nurses as may be needed. Reserve nurses may be assigned to active duty when the emergency of the Service demands, but shall receive no compensation except when on such duty: Provided, that all nurses in the Nurse Corps shall be appointed or removed by the Surgeon-General, with the approval of the Secretary of War; that they shall be graduates of hospital training-schools, and shall have passed a satisfactory professional, moral, mental, and physical examination. And provided, that the superintendent and nurses shall receive transportation and necessary expenses when travelling under orders; that the pay and allowances of nurses, and of Reserve nurses, when on active service, shall be forty dollars per month when on duty in the United States, and fifty dollars per month when without the limits of the United States. They shall be entitled to quarters, subsistence, and medical attendance during illness, and they may be granted leave of absence for thirty days, with pay, for each calendar year; and, when serving as chief nurses, their pay may be increased by authority of the Secretary of War, such increase not to exceed twenty-

five dollars per month. Payments to the Nurse Corps shall be made by the Pay Department."

The most important changes effected by this legislation were :—

1. That the Superintendent, who, under the Surgeon-General, has charge of the administrative work of the Corps, should be a graduate nurse. (Up to the time of the passage of the Bill a doctor had held this position).

2. Nurses no longer served under contract, but were appointed by the Surgeon-General with the approval of the Secretary of War (for a term of years to be fixed by regulation).

3. The qualifications for admission to the Corps, the pay, and allowances were fixed.

4. The payment of salaries to be made by the Pay Department of the Army.

When this Section was first drawn up, its details were most carefully considered, but the really most vitally important point was to secure for it a place upon the Statute. From this point the evolution of the Army Nurse Corps from an experiment to an effective working organisation has been a matter of steady and uninterrupted development, and while it is at the present time on a comparatively satisfactory basis, there are a few points which might be readjusted. Recognising this, the Surgeon-General has during the present session of Congress endeavoured to secure legislation on two points, *i.e.* :—

1. To make the leave of nurses cumulative. It was intended that the original Statute should be so construed, by the use of the word "*for*" in the clause "thirty days *for* each calendar year," but the Judge-Advocate General decided otherwise. It often happens that the press of work or scarcity of nurses makes it impossible to grant leave. It hardly seems just that when such conditions occur, and a nurse gives up her period of rest, that she should lose it altogether.

2. That with each new term of enrolment there should be an increase of 5 per cent. in pay.

But it must be borne in mind that a wide divergence of opinion often exists, as affected by the view point. This instance proves no exception. The justice of the requested change in the law as appreciated by the Surgeon-General found no echo in the minds of the

law-makers, and even as I write, the Bill comes from the Capitol with these provisions missing. We can only hope for better luck next session.

With these and a little more generous provision for the nurses' subsistence, it would seem that this three-year-old offspring of the Medical Department, U.S. Army, starts out in life fairly well provided for.

It is obviously impossible for any organisation to achieve greatness without advancing the interest and well-being of all its component parts. The Medical Department of our Army, not satisfied with its present splendid efficiency, but, under the inspiring leadership of its brilliant chief, General Robert M. O'Reilly, is steadily forging ahead toward greater achievements and higher ideals. It is with full confidence that the future of the U.S. Army Nurse Corps is left in such competent hands.

For two years the Medical Department of the Navy has tried, unsuccessfully, to secure legislation authorising a Nurse Corps of trained women for duty in their large shore hospitals, with a view to the extension of the Service to hospital and ambulance ships when there should be such a need.

It does not seem to be understood by the Medical Department of the Navy why a scheme that has long since passed the experimental stage should fail to meet the approval of the legislators. But the fact remains, and it is still left for some future Congress to authorise the employment of trained nurses in the Navy.

AFTERNOON SESSION.

II.—EDUCATION.

The remainder of the Afternoon Session was devoted to the subject of Education—to the definition of a theoretical and practical curriculum of education and a minimum standard qualifying for Registration as a Trained Nurse.

The President, Mrs. Bedford Fenwick, invited Miss Goodrich, Superintendent of the Training-School for Nurses, New York Hospital, and Dele-

gate to the Council of the American Society of Superintendents, to read the paper prepared by Miss Nutting, Superintendent of the Johns Hopkins Hospital Training-School for Nurses, Baltimore.

Mrs. Fenwick said, as time was so limited, one day having proved quite insufficient in which to read and consider many excellent reports and papers presented to the Council, she would suggest that Miss Nutting's paper be taken as the basis of the afternoon's discussion, the remaining papers to be printed in the Transactions of the meeting.

Miss Goodrich said she greatly regretted that so splendid a paper as that she would have the honour of reading was not to be presented by the writer in person.

SUGGESTIONS FOR EDUCATIONAL STANDARDS FOR STATE REGISTRATION.

BY

Miss M. ADELAIDE NUTTING,

Superintendent of Nurses and Principal of Training-School for Nurses, Johns Hopkins Hospital, Baltimore.

In asking the State to establish and maintain definite standards of education for nurses, we call upon her to look carefully into the whole system of nursing education, to inquire not only into the nature and extent of the professional education offered by training-schools, but also into the qualifications and preliminary education presented by candidates for admission to such schools. For it may be laid down as a fundamental proposition in considering this subject that, no matter how complete and thorough a professional training may be offered, it is of limited or doubtful utility unless given to those prepared by previous education to profit to the fullest degree by it.

The requirements for entrance to training-schools, therefore, compel our attention at the outset to any suggestions which may be made as to educational standards for State Registration.

Certain points which are little considered among the requirements in other branches of education—namely, age, height, size, physical condition, freedom from family ties, &c.—have long taken a place of relatively high importance in weighing the merits of applicants for admission to training-schools. In reference to the *one indispensable* requirement for all other kinds of education, academic or professional, that is, a suitable preliminary education, the training-school for nurses has been singularly unexacting. Indeed, its doors have been hospitably held open to applicants conspicuously deficient in this respect, and it is well to consider just here some of the reasons why the requirements in this particular should not be higher and more rigorously applied.

It is well known that many people, among them doctors, and even the heads of some training-schools, still honestly believe that it is not only not necessary, but undesirable, that nurses should be educated women. It is equally well known that many highly-educated women are attracted to the work, yet they shrink from the long hours, arduous labour, and severe discipline which the training includes, especially when it is clear that little in the way of systematic, suitable instruction of a truly educational character accompanies it. What is perhaps not so well known is the fact that it is exceedingly difficult to set up standards of any kind and maintain them unflinchingly while the arbitrary conditions of the hospital in which the practical work is done require a certain definite number of students to carry on its work. An enormous mass of work must be accomplished daily by students only in any hospital in which a training-school is established, and, whether the students are well qualified or not, they cannot be permitted to fall in number below a certain specified limit, or they will prove insufficient for the needs of the hospital. It is easy to see that

under these conditions it is impossible to reject beyond a certain point, even when there is a full realisation on the part of the Superintendent of the training-school that some of those permitted to remain are far below the standard which she would like to maintain, and are unpromising material out of which to try to develop satisfactory results. These students are kept because, even though poor, they are the best at the moment available, and the product of their activity as students is necessary to the maintenance of the hospital.

The ways by which the educational requirements for admission can be improved and brought to the right standard are, first, by an improvement in the schools themselves. The fact that in schools where the teaching is known to be excellent, the opportunities liberal, and the conditions of life wholesome, the number of applicants well prepared by previous education grows larger each year points conclusively a way to advances in this direction.

And when, in addition to such reforms, provision is made in hospitals generally for a body of students which will constitute a nursing staff large enough to allow for a very rigid system of sifting and selection, not only at the close of the probationary period, but also, perhaps, at the close of each school year, there will be a marked improvement in the educational status of those finally graduated, and less waste of the resources of the institution upon incompetent persons.

Professional training has been described as the very last stage of education, and though true education is always incomplete in every good system of teaching, new knowledge to be of value must be based upon that which has preceded it. Certainly no worthy superstructure can ever be built on weak and unstable foundations. In seeking to decide just what foundations are safe and suitable upon which to build a professional education, we find

that standards vary greatly in different countries, and even in different parts of the same country ; but an approximately safe standard, so far as America is concerned, for entrance requirements to training-schools is that of High School graduation. The High School stands between the public school and the college, and affords a sound training in the fundamental English branches—a definite knowledge of mathematics, of history, ancient and modern, of literature, and of some language. A full course covers four years, and one who at eighteen or nineteen years of age has graduated from a good High School should have acquired not only knowledge, but habit of observation, accuracy, and thoroughness ; above all, she should bring to further her work the earnestness of the student. If we are right in contending for a professional status for nursing, then those unprepared by some such study as is here outlined may be said to be absolutely unqualified to undertake the study of nursing. Concerning the other entrance requirements, a word should be said. While in England the medical profession is engaged in deciding whether or not a candidate for entrance to a medical school shall be sixteen or seventeen years of age, we stretch the matter rather far in the other direction by insisting upon twenty-three or twenty-five as the lowest age limit. Age is often a matter of circumstances rather than years : the way in which those years have been spent, the responsibilities they have brought, rather than their number, tell the story, and frequently prove a more correct guide in helping to decide as to the fitness of an applicant. The ground has been taken that at about twenty-three years of age a woman becomes more settled in purpose, and apt to view life more seriously ; but the writer's experience would go far to show that "Follies do not cease with youth," and the troublesome students in training-schools are as likely to be thirty years of age as twenty. While it may be

advisable (though it hardly seems compatible with the most liberal education) to set a fixed and unalterable age limit, it would seem as if we might with wisdom place it a year or two earlier than the present standard. There is another side to the question too seldom considered. The high age limit of admission cuts short by just so much the total period of professional activity, already limited by the exacting nature of the physical demands made upon those engaged in it—their irregular hours for sleep and food, excessively long hours of duty, and their great anxieties and grave responsibilities. Add to this the fact that in most branches of professional work the tendency seems to be to give the preference to the younger, stronger, and more vigorous candidates for positions, and you have a reasonable argument against a very high age limit. The physical fitness of the applicant should be settled by rigid examinations, conducted not by the careless kindly family physician, anxious to assist some young *protégée* to a remunerative occupation, or to provide a cure for a troublesome patient suffering from lack of an object in life, but by a physician of the institution authorised to conduct such examinations. The most searching scrutiny should be made into the moral fitness of the applicant. We know that no women but those who are honourable and scrupulous should be permitted to enter upon the study of a profession entailing such peculiarly grave responsibilities upon those who practise it. We know that nurses must be women of absolutely fireproof character. It is difficult, however, to suggest any measures which will bring satisfactory and reliable assurances upon this point, beyond those which are ordinarily employed in training-schools. Letters from clergymen and others may mean much or little, and the best results are obtained from careful personal inquiry, when that can be instituted. It is pos-

sible that a higher standard of education in admission requirements may prove helpful in settling to some degree this difficult and delicate matter; and that a long, severe, and exacting course of study may assist in rendering the work undesirable except to earnest, high-minded women.

Assuming, then, that we have a candidate whose education will correspond to some established standard, such, for instance, as a High School graduation certificate; of age not below a safe limit, say twenty years, but determined somewhat by education, opportunities and environment; of physical fitness decided by careful physical examination from medical men of known competence and impartial judgment; of moral fitness satisfied by searching inquiry—what shall be the nature of her professional education? What shall be the length of the full course, the number of hours of work and study daily? What subjects shall be taught, and what length of time shall be devoted to each? How shall the time devoted to practice and theory be apportioned, and how shall such instruction be given? The length of the course of study in training-school's, beginning in 1860 at one year, has grown from one to two years, and within the last decade very rapidly has lengthened into three years, until now most leading hospitals have adopted that term, and it has come to be pretty generally accepted as a proper period for the full course of training. It has been found difficult to teach fully the number of required subjects in less time, but, in the opinion of the writer, three years is the maximum period which should be set when we bear in mind that three years of work and study in a hospital training-school equal, if they do not exceed, in point of time a four years' college course. Each year in college is about eight months in length, and the full four years of college work means about thirty-two months of study.

Each year of a hospital training-school is never less than eleven months, in which not one day, even Sunday, is free. There are no Christmas vacations, no Easter holidays, and summer vacations are usually limited to three, or sometimes two, weeks, and the result is that the student gives to acquire her profession more than the equivalent in time of a four years' college course. A four years' course of training-school work, judged by other scholastic standards, actually means five years of work and study, and is beyond the limits of time necessary for proper training in general nursing. In those instances where every portion of each year is fully and properly utilised, where the work and study are systematic and carefully graded, there is in three years, exclusive, possibly, of a preparatory term, abundant time for a full course of instruction, and an added year seems but a confession of weakness either in the methods or material of the school, or in the qualities of the students.

If in a large general hospital students are left month after month in certain departments, because they have become expert in the duties belonging to those departments, and it is easier to keep them there than to change and teach the duties to a new student, the chances are that the end of three years will find many with an ill-balanced training and total ignorance of some subjects. The same possibly might be true at the end of six years.

A nurse may pass from ward to ward and spend the greater portion of her time in giving medicines and taking temperatures, merely because she knows how, unless the closest watchfulness is exercised. Where the material for teaching is limited and fails to meet certain requirements which will be specified later in this paper, there is no call to establish a three-year course of training. The number of hours to be devoted to practical work in the

hospital wards is a matter of first importance in planning a course of instruction. It is practically useless to provide elaborate schedules of study consisting of classes, lectures, demonstrations, &c., unless the pupils can go to those classes in a fit physical condition to profit by such instruction, and it is generally conceded in other educational institutions that any instruction given after five o'clock in the afternoon is more or less wasted effort. I think I am right in assuming that lectures in the evening and classes in the late afternoon are so universal in training-schools as to form the rule; that students attend those classes who have risen at 6 a.m. or even earlier, and have from that time on, a period of from eight to ten hours, been engaged in active physical effort; that they commonly enter the class-room in a condition of physical fatigue which forbids any real mental effort. Neither the willingness nor the enthusiasm of the student, nor the interest or the excellence of the subject and its manner of presentation, can arouse to fruitful activity minds so influenced or controlled by physical state.

In a study of working hours in representative schools made a few years ago, I found the average number of hours of practical work daily in hospital wards to be ten and a-half. Is it not folly to expect good results from even the best teaching under such conditions? Eight hours of practical work should be the limit of time required of students throughout the general term of the three years' course. In certain departments, such as operating rooms or maternity wards, it is sometimes impossible to regulate the hours, but the term of service in such departments is usually brief, and does not affect the main system. To eight hours of practical work, two hours may be added daily for theory in some form, either lecture, class or study, thus forming a ten-hour working day. And every effort should be

made to bring the instruction into the earlier hours of the day, and to do away with evening classes and lectures as a rule.

Using these hours as a basis for our curriculum, we have:—

Practical work in wards and other departments : daily, eight hours ; weekly, fifty-six hours.

Theoretical work, classes, lectures, laboratory : daily (Sunday omitted), two hours ; weekly, twelve hours. Such an arrangement forms a fair working basis.

The direct object of the training-school being the preparation of women for the care of the sick of the community, no matter what forms of disease they may be suffering from, it is clear that the subjects upon which instruction is given must be such as will fulfil the object. What may be called the four great branches of nursing are the fundamentals of a good nursing education, and an indispensable requirement of a training-school. Every student should be thoroughly grounded in the care of medical, surgical, gynæcological, and obstetrical patients, and any school finding itself lacking in ability to teach properly any one of these subjects should either provide opportunities for its students to obtain such needed instruction in some other hospital or school, or cut short the term of instruction if that has been placed at three years.

To these four subjects should really be added the care of children, in view of the place in medicine which this subject takes. There is a growing appreciation of its importance from a nursing standpoint, and of the necessity for including it in a general course of training. The practical training in these five great subjects forms the major part of the whole course of instruction, and should consist of systematic and continuous bedside teaching, which may be carried on by instructors especially prepared and provided for that purpose.

Nothing can take the place of this kind of instruction, and the whole function of lectures, classes, demonstrations is merely preparatory or supplementary. The main body of teaching should always be at the bedside, and that should be done in a far more thorough and comprehensive way than is now generally the case. It may be the province of the Assistant to the Superintendent, or of the Head Nurse of the Ward, or of special instructors. In those hospitals where the service is very acute and active, or where a medical school is attached, it is often impossible for either Head Nurses or Assistants to give such teaching, and an instructor provided for the purpose carries the work forward systematically and to better advantage.

It has been customary in training-schools to place the pupils at once on duty in the hospital wards. Here it was expected that they should perform the simple duties of bed-making, dusting, cleaning, &c., to advance them to the more responsible duties concerning patients at the very earliest possible moment—to utilise them, in fact, for the needs of the hospital work as rapidly as their apparent progress made it safe to do so. I say apparent progress, because real progress is not possible where pupils are forced rapidly along to the performance of acts which they do not understand; the valuable opportunities for instruction such acts should afford are almost wholly lost to them when they have not been in some way prepared by previous instruction. It is true of nursing schools, as of other professional schools, that to be of the greatest value to the students the course of study should be preceded by carefully-planned instruction in subjects which are strictly fundamental. The subjects which may be clearly recognised as such here are anatomy and physiology, household economics (which represent a study of foods and their preparation, hygiene, and sanitation), materia medica, and the elements of nursing.

A pupil who enters the hospital wards prepared by a thorough teaching in these subjects within certain naturally defined limits brings at once intelligence to bear upon the processes of her work. She can understand what she sees and handles, and can profit by matters which without such teaching would pass by unnoticed. Preparatory training of some such nature as is outlined above has been planned as a matter of experiment in certain directions for the past few years, and definitely established as a part of the course of instruction in several leading hospitals both in England and America.

It varies as greatly in length and in the handling of its subjects as the general training of nurses varies, and nothing under the name of education exhibits a more interesting and manifold variety of standards than the latter.

Such preparatory courses may cover a period of six weeks, three months, six months, or even one year. They may include the subjects named on a previous page, or the whole instruction for the three years may be crowded into three months. They are in some instances so arranged that the instruction is carried on largely in the wards, in others in certain departments outside of the wards, and, again, in technical schools having no relation whatever to the hospital.

Still further, they may be established in a separate building, belonging perhaps to the hospital, provided and equipped for use as a preparatory department. This method is immeasurably superior to any other, and may be considered an ideal way of maintaining such a course of study. What is of interest and value to us is the growing recognition of the fact that some such preparatory instruction is necessary, and the rapidly increasing number of attempts which are being made under many difficulties to provide it. Whatever form this instruction may ultimately take, it may now be

reasonably looked upon as a necessary part of a good education in nursing. It should include a prescribed course of study and practical work, of which a suggested outline is presented. The subjects presented should be—

Household Science.

Anatomy and Physiology.

Materia Medica.

Elements of Nursing.

The practical work should occupy about six hours daily, which will leave three to four hours for theoretical instruction in subjects which it will be observed have hitherto occupied largely the time devoted to theory during the entire junior year.

HOUSEHOLD ECONOMICS.

In household economics the various subjects must be handled and taught in a large degree practically. Some department of the hospital where the work desired as a means of instruction is carried on daily may be chosen, and pupils may be detailed for duty there under an instructor precisely as in a hospital ward.

The Nurses' Home, under some circumstances, forms a good field for this teaching, especially in handling the subject of foods and their preparation, providing, as it does, two breakfasts, two dinners, and two suppers. The private wards, if such exist, or even a general hospital kitchen, may be utilised for the study of foods and their nutritive values, their cost and care, and their use and preparation for various forms of disease. In the same way may be taught the principles and methods of ventilation and heating, of plumbing and drainage, and other matters which, under the general term of hygiene, relate to the care and maintenance of a healthful household. The practical handling of the affairs of the household, which lies always at the foundation of good

nursing, should be sufficiently taught, and, lacking a separate building for the purpose, it is quite possible to appropriate from existing opportunities in the daily work of various departments of the hospital such material as will prepare the students in these fundamental branches.

In the study of foods there should be a series of classes, combined with the practical work, taking up first the chemistry of foods, and afterwards studying food values and diets in various diseases.

ANATOMY AND PHYSIOLOGY.

The courses in anatomy and physiology should be systematic and thorough as far as they go, and should consist of recitations and demonstrations, laboratory work, and lectures. An excellent method of teaching these subjects for our purposes, where every step of new knowledge depends so closely on some preceding step, is through a short term, covering a period of, say, twelve weeks, occupying, say, six hours weekly. A good working schedule for handling this subject in this way may be arranged thus:—

Recitations one and a-half hours once a week, lectures one hour once a week. The recitations follow the usual form, and are as valuable here when properly conducted as in the other subjects. In the laboratory work the student is brought into direct contact with the subject of her study, and handles tissues and specimens, makes crude dissections, and uses the microscope. By means of one lecture weekly the instructor explains such points as have presented special difficulties.

MATERIA MEDICA.

This subject may be taught entirely by means of recitations and a few class demonstrations, or it may be partially taught in the hospital pharmacy and the practical instruction obtained there supplemented by class teaching. In the pharmacy, a group of

students (three to four) may be placed on duty, say two hours each morning for a period of four weeks. There they learn under instruction the preparation of all drugs in daily use in the hospital. They become familiar with various forms of drugs, learn their cost and the influences under which they deteriorate. They are taught accurate weighing and measuring, and careful handling. In a series of classes which should follow this practical work, instruction should be given concerning the methods of administering drugs, and the observations of their effects, also of poisons and their proper antidotes.

THE ELEMENTS OF NURSING.

This course of instruction would cover some such ground as is here outlined:—Beds and methods of bed-making; changing of linen, and moving and managing of helpless patients; the use of appliances for the relief of bed-patients.

The daily care of bed-patients and methods of bathing, tub and sweat baths, sponges and packs. External application (hot and cold), the use of hot-water bags, fomentations, poultices, plasters, liniments, &c., ice and cold compresses.

Preparation for enemata, catheterisation, douches, irrigations, with instructions as to purpose and methods of administering. Methods of taking temperature, pulse and respiration of patients, of accuracy in keeping charts and other bedside records, taking notes and making reports.

The use and care of ward appliances and utensils, concluding with a series of classes in bandaging. Two hours weekly for twelve weeks would enable an instructor to cover this ground quite satisfactorily in a careful, even if rudimentary, way, so that on entering the ward the student is familiar to some degree with her surroundings, and may be safely entrusted to perform the simpler tasks, and to meet the less urgent requirements of her patients. The

subject of hygiene is exceedingly important, and should be thoroughly and practically taught. It should deal with the proper air supply and temperature of sick-rooms, showing methods of ventilating and heating; with water supply, how contaminated, how purified; with disposal of excreta and other waste matter; methods of disinfection of rooms and clothing; of the general causes of disease and methods of prevention; and with the personal regimen which should govern a healthy life.

In a course of six or eight lectures or classes, including practical demonstrations, and supplemented by visits to buildings where various methods of heating, ventilating, &c., can be shown, the student can obtain a fair working knowledge of this subject, which will serve as a basis for future study in this direction. Emphasis has been already laid on the advantages which such a course of preparatory instruction offers over the usual method which permits the student to enter the hospital ward so unprepared that she becomes an unskilled and unintelligent performer of duties which are almost, if not quite, meaningless to her; so unprepared that for many months she profits little by the excellent opportunities which the ward offers.

By the general character of her work throughout the entire preparatory period, by practical tests at intervals and by means of written and oral examinations at its close, the ability of the student to proceed further can be readily determined, and the opportunity for careful observation and study of her personal characteristics during the more prolonged probationary period proves invaluable as an aid in deciding the question of personal fitness. The student so prepared and equipped by definite instruction in subjects directly fundamental may now enter the hospital wards and proceed at once with training in the actual care of the sick. On a pre-

vious page have been named the subjects in which she should receive careful, thorough, systematic instruction. I repeat that the standards for registration should require a definite training in the care of medical, surgical, gynæcological, and obstetrical patients. As to the length of time which shall be devoted to each subject, it is quite impossible to set any arbitrary limits. The different services in any hospital may vary widely in the opportunities they present for instruction, either as a general rule or at different seasons of the year; they cannot be made to conform to any course of instruction. In a medical ward, for instance, during what is known as the typhoid fever season, a nurse may obtain a better practical knowledge and experience in two months than in double the time at another period of the year. Almost invariably some one or two services are larger and more acute than the others. One hospital may provide an excellent service in general surgery, while, in another, gynæcology may be much the more important. Three months of medical training in one hospital often mean a totally different matter from three months of such training in another. It is reasonable to assume, therefore, that the length of time devoted to each subject should be a matter of adjustment in a certain degree in each institution. Where a particular service is weak it is evident that a longer time is needed in order that the student may become efficient in that particular branch of work. As a rough working outline, subject to such modification and expansion as each hospital may find necessary, I would suggest:—Medical training, one year; surgical training, one year; obstetrics, three months; operating rooms, three months; total, two and a-half years.

If this term is added to a six months' preparatory training the three years is thus filled. Under the head of medical training may be included the nursing

of all ordinary medical diseases, the infectious and contagious diseases, some nervous disorders, and the care of children.

The year devoted to surgical training should include the care of patients before and after all varieties of general surgical operations, of gynæcological operations, and also of patients suffering from orthopædic troubles. Approximately, the time devoted to each branch of surgical service would then be about six months. I repeat that this time allotment is suggestive only, and must be subject to such slight variations as the unequal services of different hospitals render necessary.

As to methods of teaching and training, stress has already been laid upon what seems to me to constitute the main feature of a proper system. Nursing involves the acquirement of two things—knowledge and technical skill. The skill is the art which is taught by one, the teacher, and acquired by the other, the pupil. It can be taught in one place only—the bedside. There is the true place for the teaching of nursing. There only can be taught the accurate observation which lets no faint shadow of change in a patient pass unnoticed; the skilful handling, the sure touch which brings relief, comfort, and confidence; the thoughtful foresight which anticipates and provides for needs which cannot be expressed; the exact recording of facts and conditions which enables the physician to draw proper inferences and conclusions, and keeps him in command of the situation. These can never be taught anywhere but over the patient and under the eye, the constant personal supervision, and criticism of the teacher. No good nurse was ever made in a lecture room. Lectures have their place, but it is a minor one. They are necessary to cover in a systematic and comprehensive way a certain defined field of instruction. The causes of diseases, the symptoms which they present, the

complications and difficulties which may arise, methods of treatment, and the reasons why one thing should be done and not another, form in a general way the subjects which should be handled in the lecture-room. The conference system—that is, the interchange of thought between teacher and students—should be used freely.

The apportionment of subjects for the different years, the grading, so that the student is carried forward from one subject to another in a systematic, orderly, and logical manner, is much more easily arranged in the theoretical instruction than in the practical. We cannot say that medical training should come first and gynæcological should follow, because all the patients must be nursed all the time, and each ward must have its quota of younger as well as of older students. In a general way it is advisable to give the solid grounding in the care of medical, surgical, and gynæcological patients during the first two years, leaving training in obstetrics, in operating-room procedure, in the care of the nervous, and some special subjects to the senior year. The course of lectures and classes should cover in a systematic and comprehensive way the entire field of nursing work, including such subjects as massage, the analysis of urine, and possibly some others.

By conference between schools, by constant comparison of methods and results, a definite outline of the essentials which must be taught concerning a given subject, and a definite time allotment necessary for the proper handling of that subject, can in time be reached. It may seem of small importance in the beginning whether a subject is taught in a series of six lectures, or in a series of classes accompanied by demonstrations occupying an hour twice weekly for six weeks; but three years hence it will make all the difference between a nurse who knows that subject and one who does not.

To go further into detail concerning any of the subjects mentioned would be to transgress still further the time limit set for this paper. I have not found myself able to adhere closely to the subject about which your Executive did me the honour to ask me to write. I can only suggest some ways by which it seems to me our present methods may be improved and developed, may be steadied and strengthened. If we call what we are doing educating nurses, let us really educate; let us make our professional training as liberal as possible, and not merely technical. Let us do this for the honour and dignity and usefulness of our profession, and for the furtherance of any service which the community has a right to expect from us.

I would urge forward every effort to give better and better teaching in our training-schools, and every attempt to test our competency for our profession.

DISCUSSION.

Miss ISLA STEWART (Great Britain) said she had listened with great interest and some apprehension to Miss Nutting's paper. It might be possible to include all that she advocated in the curriculum of training in America, but she did not think it could be done at present in Great Britain. If probationers learnt the elements of anatomy and physiology—and no thorough knowledge could be obtained without practising dissection—she considered that sufficient. A good deal could be taught as to the action of drugs without practical dispensing. However many years of study a nurse went through, it must be remembered that the pecuniary value for the skilled services of the average nurse would never be more than £2 2s. a week, and there must be some relation between outlay and subsequent earnings.*

Miss Stewart said she felt strongly that nothing less than three years' practical training at the bed

* In the United States a graduate nurse can earn from £5 to £7 a week.

side of the patients in hospital wards could be considered adequate. Preliminary training was very largely a financial question. If it could be arranged in connection with central schools it would be excellent. She doubted if nurses remembered very much that they were taught in lectures. She thought there was much wisdom in the assertion of a certain Hungarian professor: "What I teach you is of no use to you; the only knowledge of use to anyone is that which he learns in silence and solitude, with sorrow and sometimes with tears." She was a believer in hard work during the training period; the necessary discipline aided the development of character. For herself, looking back to her own training, she felt glad that she had not served her probation in easier times.

Miss MOLLETT (Southampton) thought a certain amount of theory was essential for nurses, not because it was desirable that they should have medical knowledge, but because it was necessary that they should know the principles underlying their work. She thought the great difficulty in teaching nurses arose from the very poor general education most women received. The difficulty of teaching them to think, to observe, was immense. Without the faculty of assimilation, all the lectures in the world were useless to them.

Miss MAUD BANFIELD (Philadelphia) said she had the unusual advantage of acquaintance with the English and American systems of training, and knew the difficulties and virtues of both. The scheme which Miss Nutting had described worked perfectly in her own school, but it was difficult, and in some cases impossible, for others to follow literally in her footsteps. At the Polyclinic and the Lakeside Hospitals, Philadelphia, the wards and the Nurses' Home were utilised as teaching ground. The probationers did the ward work, under the supervision of a specially-appointed instructor. They also were taught in the same way the care of the sick. The very sick were left to the care of the thoroughly trained, but one side of the ward was taken charge of by probationers, who were responsible to the instructor for their work, and she in her turn was responsible to the Head Nurse for its due performance.

They worked in the wards for four hours a day, principally in the morning, but returning at four o'clock in the afternoon, to take temperatures, &c. They also worked in the dispensary and out-patient departments, and sterilised dressings; thus they helped, not hindered, the work of the wards. She thought Miss Nutting's paper perhaps sounded unnecessarily alarming to English ears. It was an American custom to call things by long names. To say that nurses were taught *Materia Medica* did not imply exhaustive knowledge, but it was of considerable use to them to know doses, to know the effects of drugs, and the symptoms to be looked for—as, for instance, when a patient was taking mercury. All these things could be taught by an instructor on the lines described; the expense entailed was simply the expense of housing and maintaining an additional number of pupils, and the salary of the instructor. In view of the increased efficiency ensured, this small additional outlay was eminently worth while.

A point which she also mentioned was the increased happiness of the pupils. When the system was first started at the Polyclinic Hospital, there were two probationers about to be sent away as unsuitable. They were, instead, put back into the preliminary class in the charge of the instructor. The way they developed was marvellous. They took hold of the work, they developed keen intelligences, and were now most promising nurses. They had been swamped in the rush of a busy hospital.

Miss GOODRICH (New York) said she would like to point out that throughout Miss Nutting's paper continual emphasis was laid on the paramount importance of practical work, and that there was no instruction like that given at the bedside. The paper was the outcome of practical experience of a system which had been tried and found successful. It was noteworthy that, in connection with the system which Miss Banfield had explained, patients nursed before and after the system was inaugurated had asserted that the difference to their comfort in the methods of handling under the old system and under that in which the probationers received daily instruction was marvellous.

Miss MARY BURR (London) said that as a nurse she felt very strongly the need for definite, systematic teaching, perhaps because during her own training she had very little. It was not every Ward Sister who was a born teacher, or who could make what she herself knew clear and simple to others. She thought if the training-schools were to get the best results time must be apportioned for both practical and theoretical work. Nurses frequently went to their lectures at the end of the day, when they were fagged out mentally and physically, and were not in a condition to absorb knowledge. She must say that as a probationer the time she had for assimilating knowledge for herself, "in silence and solitude," was exceedingly limited.

Miss ROGERS (Leicester) said that Matrons knew to their sorrow the need of preliminary training, but she thought that the mothers of England should realise their responsibility to their girls. When some pupils entered the training-schools—and it was no uncommon thing—who did not even know when a kettle boiled, did not know that tow should not be put down the sink, it was impossible to teach them in a three years' professional training all the practical domestic details they ought to have learnt in their own homes.

Another point of interest brought forward by a member was that the three years in hospital was a preparation for future work. When the training-schools worked nurses for fourteen hours a day, they left them tired out at the end of their training, and ill-fitted to enter upon serious professional work. Further, with a fourteen hours' day it was impossible that they should have time for study.

Miss CLARA LEE (Kingston) said she thought probationers failed to get the greatest advantage from lectures because there was a long gap between the age of eighteen, when they left school, and that of twenty-three, when they took up hospital work, and many had lost the habit of learning.

Miss STEWART thought that lack of general education was at the root of the trouble, but she was in favour of accepting probationers at an early age. The youngest at St. Bartholomew's Hospital was twenty-one.

Mrs. FENWICK said that before proposing a resolution she desired to put on record how heartily she agreed with every word of Miss Nutting's splendid paper, and the educational course which she advocated. The scheme, perhaps, sounded more difficult than it really was in its practical application. She had the pleasure of visiting the Johns Hopkins Hospital in 1901, and had seen the system advocated, in practice; there was nothing attempted that could not be carried out by any well-organised training-school for nurses, although she was inclined to think that much of the preliminary training of a nurse could be given in central schools, and so relieve the hospitals of the expense.

RESOLUTION.

Mrs. Fenwick then invited Miss Isla Stewart to take the chair whilst she proposed the following resolution:—

Whereas, The disorder existing to-day in nursing conditions is due chiefly to inequalities of training and differing educational standards; and

Whereas, The serious and responsible work of a nurse demands not only excellent moral qualities, but also the trained intelligence and cultured mind of the well-educated woman; and

Whereas, The principle of Registration by the State is now generally conceded as safeguarding the public health, and as promoting a more thorough education of nurses; now therefore be it

Resolved: That every person assuming the position of a Trained Nurse should give proof of the following minimum preparation for such work:—

(a) A good general education.

(b) A preliminary course in domestic science, elementary anatomy, physiology, bacteriology, materia medica, and technical preparation for ward work.

(c) Three complete years of practical work in hospital wards under qualified instructors.

And be it further

Resolved: That this minimum preparation should be examined and registered by the State; and, lastly, be it

Resolved: That it is the duty of the Training Schools to certify to the qualities of character and moral fitness of candidates for Registration.

Mrs. FENWICK said the resolution incorporated the principle that before a pupil nurse undertook the practical care of the sick she should prove herself to be suitable mentally, morally, and physically, and be worth training. It was quite ridiculous to argue that a woman totally ignorant of the elements of domestic science, and the underlying principles of hygiene, was better qualified to undertake the care of the sick in hospital wards than the woman who had learnt the elements of those sciences, and given practical evidence of her knowledge. A sound general education and preliminary training in the six preliminaries specified in the resolution were now necessary to give a probationer a fair chance of benefiting by a course of three years' practical work in the wards.

In advocating any adequate scheme of nursing education, the question of cost could not be ignored. In this connection parents must be encouraged to realise their responsibilities to the female child. Fathers made every effort to fit their sons for the battle of life, but usually lived in hope of some other man coming along to provide for their daughters. This was unjust and demoralising. Preliminary schools might be organised in connection with the Universities in certain centres, and they would certainly be utilised if it was found that totally immature material would not be accepted for training in the nursing schools.

During the three years' practical work in the wards, systematic instruction should be provided by qualified teachers, and power of imparting instruction should be one of the indispensable qualifications of Sisters of wards. In the attainment of our earnest desire for better and more systematic nursing education, State

Registration would be the great lever. Until it was in force, there could never be any reliable test of a training-school's standards, and they would remain as they were to-day, an unknown quantity. Until we obtained Registration, there would never be any satisfactory system of education or discipline for the profession as a whole.

Autocratic coteries in the nursing world should be broken up. No doubt a future generation of Matrons would take an active part in the education and examination of nurses ; and as under any practical system of Registration they would have the same opportunity of testifying to the qualities of character and moral fitness of candidates as they have at present before certificates are awarded, there would be no justification for the absurd statement that "you can't register character." She begged to propose the resolution which she had read to the meeting.

Miss L. L. Dock said she had much pleasure in seconding the resolution, and would have been glad to do so had it been of a far more stringent character. She was of opinion that it was time that the training-schools realised their educational responsibilities. During the Conference considerable emphasis had been laid on the defects of early training. The effect of an adequate system of Registration for nurses would be to improve methods of general education. A striking instance of this had already been brought to the notice of the Nurse Board of Examiners in the State of New York. The Regents of the University in New York State found that the requirements of the nurse-training schools as to preliminary education were improving the domestic economy standards. That was a very striking result in so short a time. The resolution, if passed, would not carry compulsion, but the decisions of the Council had considerable weight and influence, and for that reason she would have supported it, if it had set a more difficult standard. In order to attain the best possible, it was often necessary to attempt the impossible. She considered the resolution very reasonable, and that it would have a most salutary effect, and had great pleasure in seconding it.

The resolution was then put to the meeting and carried unanimously.

The President again took the chair, and Miss Dock proposed a hearty vote of thanks to Miss Agnes Sniveley, the retiring Treasurer, for her work and unfailing sympathy with the aspirations of the International Council of Nurses. This proposition was carried by acclamation.

This concluded the business of a most memorable and enjoyable Conference, the tone throughout being one of true harmony and bright sisterly fellowship. British, American, and German nurses, who largely composed the meeting, parted with the eager question: "Where and when shall we meet again?"

PAPERS HANDED IN TO THE COUNCIL: THE EDUCATION OF NURSES.

By Miss ISLA STEWART,

Matron of St. Bartholomew's Hospital, London.

I have been asked to say something on the education of nurses, and to define a minimum standard qualifying for registration. Ten or twelve years ago I could have done this with ease. My opinions were very definite, and my standard clearly defined, but after seventeen years' work at the head of a great training-school I find my views have somewhat altered. My opinions are less definite; my standard, though higher, is not so defined.

During the past seventeen years the material we have to work on has altered very much. The young woman of to-day is not, in many ways, like the young woman of twenty years ago. She uses much more freedom of speech, is much more pleasure-seeking, and submits less easily to discipline. We cannot say this change is for the worse; living as we do in the middle of it, we cannot see it in sufficient perspective to judge accurately of its results, and I have a sincere belief in the progress and gradual perfecting of human nature. I believe that, when time has helped to remove the disadvantages, this greater freedom will produce greater women, and even now the women who are fully trained are not in any way behind former generations either in technical skill, tenderness of

treatment, or ethical standard, but they are certainly more difficult to train and teach in many ways, and this results chiefly, I think, from two causes—the absence of discipline in the home during their childhood, and a curious lack of education.

In past times the child was severely disciplined. The doctrine of original sin was strongly believed, and severe measures were thought necessary to drive it out. Such discipline is long out of fashion, and indulgence and care are the order of the day, with the result that when girls enter a hospital as probationers they are unaccustomed to discipline and are inclined to rebel against it. The second cause of difficulty lies in their lack of education. Formerly, girls were not well educated, but what little they knew they remembered; it had been drilled into them, often mechanically, and received sometimes not very intelligently; with the present system some girls seem to be able to escape education altogether. I know very little about the present methods of education, and I believe that some women are splendidly educated, but they do not seem to suit the majority—the rank and file, I mean—who don't think and don't want to work or take any mental trouble. These are the girls who largely fill our hospitals, and, what with the lack of home discipline and some success in evading education, the material we have to deal with is very raw indeed. What we have to do is to discipline and educate those girls, so that when trained they become self-reliant, open-minded women, with sufficient technical knowledge to nurse efficiently, mentally capable, and eager to grasp such opportunities of knowledge as may come in their way. The training-school which accomplishes such results most completely is undoubtedly the best.

In attaining this desirable result, I think the first and most important point is that the whole three years of their training should be spent in the wards of a hospital, working among the patients and under experienced and somewhat exacting supervision. This is beyond all question the most important part of a nurse's training; it is sufficient discipline and teaches the technical part of the work. Next in importance is her life in the Nurses' Home, on equal terms with so

many varying personalities with the same rights and performing similar duties. In order that the probationer may get the best and most from her new surroundings, the Sisters of the wards under whom she works must be very carefully selected. They should be technically skilful, well educated, of good social position, interested in the education and progress of their nurses, and with a high and declared standard of duty and loyalty. The nurse should be under one Sister for not less than six months at a time, so that she may thoroughly understand the method and management of the ward. During her training it is useful for at least six months that she should be passed quickly from ward to ward, as when a nurse takes the night nurses' nights off duty or fills casual vacancies on day duty. This I think most important, as it necessitates a very rapid mental effort to grasp the details of ward after ward each night. A rotation of wards should be followed. It is always easy to arrange for male and female medical and surgical wards, but special work, such as gynæcological or ophthalmology, is more difficult, as the number of patients are few, and the continual change of nurses in such wards is not beneficial to the patients.

As to theoretic work, this should be got over before the actual ward work begins and at the expense of the pupil, but there should also be classes and lectures weekly in the Home. During the first year they would be on nursing details and elementary anatomy and physiology, and given by the Matron or one of her staff. During the second and third year the nurses should attend lectures given by the medical staff on medical and surgical cases, elementary bacteriology, gynæcology, and ophthalmology, and by an expert on food, its composition, preparation and care. The elements only of these subjects can be taught, and the lectures should be most simple and made as interesting as possible, for the minds of the nurses to whom they are addressed are already almost fully occupied by the immense mass of practical detail they are assimilating in the wards. The average human mind is not capable of benefiting by too much instruction, and what is given to it beyond what it is able to bear is apt to produce a severe attack of mental indigestion, when little or nothing is assimilated. Lecturing as a form of instruction is of

very little use in permanently increasing the knowledge of anyone, and the little knowledge which is attained is very evanescent. Lectures are really only useful as a guide to study, and the great point of all those teachers should be to teach their pupils to teach themselves. Each nurse, as indeed everyone, "must work out her own salvation with fear and trembling." I have been attending some lectures by a Hungarian professor, and he took up this point very strongly, and, impressing it on his audience, often said with vehemence something to this effect :—"These things that I tell you will never be of any use to you. The only knowledge which you will ever be able to use is that which you have acquired in solitude, with much trouble, with sorrow, and sometimes with tears." That is perhaps somewhat exaggerated, but there is a slight truth underlying it, which applied to nurses means this—that what they learn themselves remains with them; what we teach will be useful only as a guide. The ideal training-school, then, in my opinion is the one whose Matron, Sisters, and teachers can by example, by teaching, and encouragement so inspire their nurses being trained that they learn with eagerness and discrimination.

It is almost impossible to define a standard qualifying for registration. There are definite qualifications which a candidate should possess before presenting herself, but the actual standard will be in the minds of the examiners, and will be high or low as they make it. There should be a central examining Board for each county or State, and the examinations should be conducted by qualified practitioners of medicine, surgery, gynaecology, and ophthalmology, by a qualified nurse, and an expert in domestic economy. Before being entitled to present herself for examination, each candidate should have done three years' work in the wards of a general hospital or group of hospitals, she should have passed certain examinations in that hospital or hospitals, and possess a certificate of good conduct, technical dexterity, and general suitability for her calling; this should be signed by the Matron and instructors of her school.

Miss MARGARET HUXLEY,

President, Irish Nurses' Association, Dublin.

I have come to the conclusion that three years are necessary to efficiently train an ordinary woman in the art of sick nursing, and that one of the most important and valuable studies preparatory to training is the study of human nature in its various phases.

It is not possible to attach too much importance to primary education ; it pervades the whole character and quality of work, it enables one to estimate and correctly value the unforeseen which so largely enters into a nurse's daily life ; therefore, a broad education is to be desired rather than one including the higher special branches of knowledge and of possibly less breadth, and I would suggest, as a minimum standard and workable basis, the sixth standard of Board School education, including a knowledge of such authors as Shakespeare, Scott, Lytton, Thackeray, and Dickens. I mention these writers, feeling that a knowledge of them implies a certain class, who, though not learned, are more or less cultured, and have at least studied human nature as portrayed by these masters.

What may be called domestic science is equal in importance to the theoretical education of nurses. Every probationer before admission to the wards should know how to perform all manual labour connected with the hygienic surroundings of the sick, and should be skilled in household work. There may be difficulty in acquiring this skill concurrently with school studies, therefore each nurse-training school should provide for it.

The first three months should be devoted to acquiring proficiency in invalid cooking, bed making and changing, the correct method of filling water-beds, rubber hot-water bottles, the use of thermometers (clinical and otherwise), the preparation and making of poultices, enemata, &c.—in fact, all details connected with nursing that can be learnt without the actual presence of a patient.

In enumerating the foregoing, I have not mentioned sweeping, dusting, washing, and scrubbing—vulgarly called 'dirty work' ; but as it embodies the funda-

mental principles of aseptic surgery, it should take primary place in every nurse's education.

During these three months, time should be allotted for the study of hygiene, anatomy, and physiology; of these subjects I would emphasise that of hygiene, as being the most important. A thorough understanding of its laws would enable the nurse to carry out essential hygienic details, and under any given circumstance to place her patient in the most favourable conditions for the recovery of health. I am not prepared to mention any particular text-books, but would advocate that those recommended should be suitable for the use of nurses.

Prepared in the manner indicated, the probationer would enter the wards—where her practical education begins—well equipped to train her power of observation; she would be familiar with the names and uses of the special appliances for the sick, and would be ready and able to take an intelligent interest in the patients, to observe the deviations from health, the effect of treatment, also the use and effect of drugs.

The time spent in the wards might be divided as follows:—

Eight months in medical wards and eight months in fever wards, where the probationer would have opportunities to apply ice-bags, poultices, fomentations, leeches, and blisters, carrying out their after-treatment; administer medicines, oxygen, baths, hot and cold packs, nutrient and other injections, including hypodermic injections; the destruction of sputa, disinfection of excreta, beds, bedding, linen, furniture, and apartments; learn to wash patients in bed, the care of their hair and nails, and the prevention of bed-sores, and to prepare for tapping, aspirating, and intra-venous injections, &c.

Eight months in surgical wards, including theatre work, the preparation and sterilisation of dressings, sutures, and instruments, padding splints, mixing lotions, and the care and disinfection of her hands.

Three months in gynæcological wards, having the preparation and after-nursing of laparotomy patients, douching, washing out of the bladder, and catheterisation.

Three months in children's wards, where extra watchfulness is required to note changes and the meaning of them.

Three months in accident wards, where prompt skill is acquired in undressing patients admitted with fractures and burns, preparing fracture beds and splints, and dressing burns.

I have not yet mentioned any of the special branches, such as ophthalmic and monthly nursing, massage, or the care of the delirious or temporarily insane; of the latter, all nurses have some experience in the medical and fever wards of Irish hospitals, due, possibly, to habits of intemperance and the excitable temperament of the people.

During the months spent in the wards, the pupil should attend lectures in hygiene, anatomy, and physiology, also lectures on general and special nursing, including instruction in poisons, their antidotes, as well as the proper administration of drugs, their uses and effects.

In the brief space of ten minutes, I find it impossible to mention all that occurs to my mind in connection with the training of nurses or the further education of those desiring to work as hospital Sisters or Matrons; but for the nurse our aim should be to keep the educational qualifications for State Registration well within workable limits of the candidates who present themselves for training to-day, and distinct from any appearance of vieing with the theoretical work of medical students, and to insist on a clear understanding of the subjects taught, and thorough proficiency and dexterity in the manual labour entailed in carrying out any treatment that may be ordered.

THE FUTURE TRAINING OF THE GERMAN NURSE.

BY

Sister AGNES KARLL,

President of the German Nurses' Association.

There is hardly a profession in which the personality, character, and talent of the individual is of so great importance as in the profession of nursing, because in

no other is human material so continuously acted upon. Not only for a few hours, as the scholar under his master, does the patient remain under the influence of the nurse, but day and night, with all his bodily and mental needs, sufferings, and weaknesses, is he absolutely dependent upon her. Upon choosing this profession too serious a test cannot be imposed as to whether the necessary qualifications of mind and character are present; whether enough capacity for self-denial and understanding is there in order to undertake without failing the responsibility of the care of a human life, to maintain, in the darkest hours of bodily and mental suffering, composure and courage, to support the patient and those belonging to him; never to lose presence of mind at sudden emergencies, and not only to care for the patient at all points, but also to pay sufficient attention to the preservation of personal health, a matter often sadly neglected.

It cannot too often be emphasised that the nurse must not be too young. Young girls of eighteen to twenty cannot possibly possess the bodily and mental resisting power that is necessary, and the early withdrawal and breakdown of our nurses is certainly mostly to be attributed to their entering the profession at too young an age. Twenty-two to twenty-three years of age should be the earliest for admission for training.

A few years of active domestic work, preferably in a strange household, can only be regarded as commendable preparation, as the capability of our present generation of nurses leaves much to be desired in this respect, and in our profession should almost be regarded as compulsory.

As in Germany the earliest attempts at nursing proceeded from clerical authority, religion has, for a long period, been regarded as the chief foundation of our profession, and only during the last few decades has the necessity been recognised for special professional training. As the fountain of the indispensable patience and devotion, religion will also be for all time the strongest pillar of a profession which makes such high demands.

As the rapid development of culture generally during the last decade caused great increase in

medical science, the demand grew for a school for nurses to assist the doctors.

Again, the experience of the wars of the last decade, which was contemporary with the most important advances of surgery, made a considerable change in the conception of nursing. The necessity for training nurses was soon perceived, and many an eminent medical man regarded it as an honour to do his best in forwarding the movement. Some of our best books of instruction came out at this time. Unfortunately, the interest of the medical world in trained nursing seems since then to have declined to a critical extent. In the first decade after the war excellent training began to be developed in the mother-houses of the Red Cross. But the need for trained nursing grew so enormously quickly that the training was unfortunately impaired in order to meet the pressing need.

As personality and natural talent are such important factors in nursing, women who appeared specially suitable were at first put to quite responsible work with little or no technical training, and were soon forced irresistibly further.

To outsiders, this lack of thorough training appeared unimportant, because in no other profession could so much valuable knowledge and experience in practical work be acquired by those possessing talent and application, by the assistance of medical men.

And yet every one of those nurses, deceived about their necessary training, must often have been inwardly conscious of their deficiency in technical knowledge.

At the present time, in Germany, both the length of training and the methods of nursing education vary very much in different nursing institutions.

A movement is now on foot for the State regulation of training, and it is therefore of particular importance to be clear as to how best to arrange the most desirable system of education. First of all the pupils must not have their entire strength used to the full in the practical work of the hospital, so that they are too exhausted to digest the quite new material presented to them.

Besides, the new kind of life is difficult for a young girl who comes perhaps directly from the shelter of her home into conditions of life so entirely unfamiliar to

her. Less payment should be required of the pupils than before, when they give substantial help, in order that the sum required from the first by some hospitals may be thoroughly justified. This would make it possible for many an eligible girl to enter the profession, as, unfortunately, only too few German girls are in the position to claim the necessary sum of money from their family from year to year.

About the first six weeks after entrance into the hospital should be considered a probation time, in order to enable the pupils to feel free to decide whether they think themselves equal to the entirely new conditions, and also to give the officials of the training-school opportunity to separate the material that may be quite unsuitable. The time for training in general subjects, which, of course, should be concluded with an examination, should be certainly not less than one year—if possible, one and a-half years.

The first part, of at least three months, including the probation time, should be occupied only with instruction in household matters—*i.e.*, the pupils should learn in this time how the patient's room and bed should be arranged and kept scrupulously clean.

The appliances of modern nursing should be introduced and used.

If there is no lay figure, a child or one of the other pupils would serve to practise upon.

At all events, everything in the way of apparatus and aids to the injured must be made use of and explained systematically, because, later on, time and opportunity may be wanting. Above all, this time should be spent under the guidance of thoroughly warm-hearted Sisters, experienced in life, who would exercise a wise educational influence over the pupils, and lay the foundation for all time of the right methods of dealing with patients.

After the first quarter, which has been spent in this way, making the new conditions of life easy to the pupils, a theoretical course must follow, before all else a sufficient course of anatomy, hygiene, chemistry, dispensing, bandaging, and, also added to these, of practical assistance in the operating theatre. The theoretical courses must lead on to examinations in writing, for which suitable hours must be arranged.

In the second and third nursing years, besides the further instruction and repetition necessary, special training should be given in nursing psychical patients monthly nursing, children's nursing, infectious nursing, and massage, with corresponding examinations.

Lectures should be given in the hospital on such subjects as private nursing, clinical nursing of the poor, and on social work. For those inexperienced in household matters this subject must be provided for, and special attention should be paid to sick-room cookery.

Nurses who desire to conduct smaller hospitals or private clinicals must receive necessary preparation in household management (often required), in book-keeping, knowledge of official sick clubs and insurance for sickness, and in the management of statistics. After such a course of education is completed, at the end of three years a diploma should follow, and our hospitals may be more sure of keeping their nurses until they get their diploma by means of this arrangement than through the present system of restrictions and obligations.

The training of a nurse can hardly ever be regarded as complete. Almost every day brings news of something fresh in the departments of surgery, medicine, methods of disinfection, hygiene. Although some of these ideas may prove eventually worthless, for the moment they are of great importance, and occasionally life itself depends upon them, *e.g.*, in the manipulation of oxygen apparatus, &c. Courses of instruction should therefore be repeatedly held, in order to put the nurses in the way of seeing what is new, and of refreshing their memories with regard to knowledge already acquired.

For this, we need in Germany only to imitate the military sanitary arrangements, which provide, after the foundation training has been received, regular continuation lessons not only for the doctors, but also for the orderlies, as long as they are serving with the colours.

Although these wishes for the future education of nurses, presented as a pattern plan of training, may not be immediately attained, yet they must, at all events, be the goal for which we are striving. Under no condition, in future, can nurses be regarded

as qualified if they have not received at least one year's training in a hospital which is large and many-sided enough to offer opportunity for making acquaintance with the most familiar forms of sickness in the departments of medicine and surgery, and also provides for sufficient theoretical instruction and practical training.

It is our firm hope that our Government will take measures to lay a firm foundation upon which we nurses may be able, in our own strength, to build further, until eventually the goal is attained.

The professional organisation of the nurses of Germany, as it desires to forward the interests of the Sisters "in every direction and in every particular," naturally lays the greatest importance on training as the foundation of professional fitness, and refers all women who wish in future to devote themselves to nursing to those hospitals which recognise the idea that a nurse has a *right* to good training, protection from overwork, and necessary care.

The organisation, founded on January 11th, 1903, has since then attracted to its ranks 300 Sisters, who are active in all parts of Germany in all branches of the profession. The threads which connect them are all gathered together at the Berlin office, Bayreuther Strasse, 37. Everything in the form of advice and help issues from this office, and care is taken not to interfere with their independence, but rather to encourage it.

The first annual report gives a picture of what has been already achieved. Much, however, still remains to be done. We must take measures for the due preservation of the Sisters' health. In the future, individuals will make use of either private or State insurance for illness or invalidism ; but we must have a Home of Rest, for many of us are too old or shattered in health for insurance.

Many helping hands are needed for that, and many warm hearts, and we hope that our circle of passive members, now numbering over 100 well-wishers, will soon be multiplied tenfold, so that we may be equal to all demands.

The need for nurses grows daily. There is glorious work in our profession for all those who are in body and spirit prepared for it. We must hasten to make the conditions of life such that the profession of

nursing may win back women of education from all parts to share in the work, not as a short attraction for a time, but as a blessed life-work for the healing of suffering humanity, and as fulfilling its part in the social work of our time.

THE MINIMUM CURRICULUM OF EDUCATION
AND STANDARD QUALIFYING FOR THE
REGISTRATION OF TRAINED NURSES.

By Miss AMY TURTON,

Directrice Casa di Cura, Florence.

Nursing being still in an extremely embryo condition in Italy, it is, perhaps, easier for us to view the question of Registration clearly and impartially. To me, in fact, the matter lies in a nutshell. If a nurse be thoroughly trained, she should be legally recognised and certificated as such, just as naturally as a fully-qualified doctor or teacher is recognised and certificated in their respective professions.

To say that there will be a certain percentage of unworthy nurses registered is no more a valid objection to Registration than a like protest would be against registering doctors and teachers.

What should constitute a right to registration seems also easy to define from our somewhat far-off position. We have formulated two premisses for trained nursing in Italy, viz. :—

A. Nurses should be drawn from the same classes of society as are doctors and teachers, *i.e.*, from any class, provided they possess the necessary education which enables them to train theoretically as well as practically.

B. They must attain an accepted standard before being recognised as trained and receiving a diploma. This standard we have virtually fixed as the one adopted in my Alma Mater, the Royal Infirmary, Edinburgh, under Miss Spencer's organising, and representing Miss Nightingale's own standard, whilst for text-book of this standard we accept Mrs. Hampton Robb's "Principles and Practice of Nursing." Except allowing for certain differences in national habits and customs, the ethics and technique inculcated in

Mrs. Hampton Robb's book are what we accept as the standard for training in Italy. And we consider that any nurse trained on these lines is qualified for State, or any other, registration.

It is needless to add that since such training can only be carried out in a general hospital with a minimum of fifty beds, and in the hands of a Matron herself trained to the same high standard, nurses who have merely worked in homes, or who have failed to complete the course in a hospital which possesses these requisites for thorough training, would not be eligible for registration.

To reassure the adversaries of Registration we should demonstrate that it would never be given unless the candidate possessed unimpeachable certificates, from the Matron or Superintendent of the hospital where she had trained, of morality and of vocation, as well as of technique in nursing.

As to whether two, three, or four years' training were exacted before gaining a diploma we consider a matter of indifference, as it depends on many side issues, financial and of experience. If the necessary teachings and experience can be given in the shorter period (as in countries where nursing is in its childhood—France and Italy, and as it was till some few years ago even at the Johns Hopkins) the pupil will be qualified for registration at its termination.

In Italy especially, where the wardmaids and orderlies (*infermières-inservientes*) do so much of the routine cleanings and fetchings and carryings, nurse-pupils have more time for lectures and studying, and for actual nursing; therefore two years' training is deemed sufficient. As a matter of fact, I largely doubt whether the longer period of training be not the outcome of expediency for the hospital, and the shorter one be not the better method for the nurse and, consequently, for the patient. It is almost certain that a large proportion of the finer material gets injured, or even lost to the profession, by the strain of long repetition of mechanical routine work (ward cleanings, that of instruments, &c., &c.), resulting in nervous exhaustion, inception of infection, with resultant delicacy in one or other point, whilst nurses who have been given the same amount of

theoretical instruction and of practice in nursing in the shorter period of time are not only equally efficient as nurses, but more evenly balanced and healthier in mind and body, and, consequently, more capable of good work and quite equally worthy of registration.

NURSING IN FRANCE.

By Miss ANNA HAMILTON, M.D.,

Directrice Maison de Santé Protestante, Bordeaux.

I have been asked to give some account of nursing progress in France. I regret there are not many new developments to chronicle. Since the Congress of *Assistance Publique* took place last year, only one new nursing school has been opened in a civil hospital, that of Bordeaux.

The school of the Hôpital St. André began work in January last. It is impossible to relate all the painful strife that has been going on about it since. The Clerical party succeeded in influencing the foreign Matron, and soon all the nuns were accorded privileges as to work and off-duty time which the lay pupils did not receive. Constantly a difference was made between the two classes of probationers. A new Matron has now been chosen, an English nurse, who is on trial for two months. Things have been set right ; rules made placing all pupils on the same footing, discipline and good form imposed on all. But, meanwhile, the elections have taken place and the Clerical party has come to power. Therefore it is wondered by all if the nursing school is going to be suppressed or not.

There are eighteen nuns and nine lay probationers, these last either paying 1,000 francs a year for instruction during two years, or engaging to work in the hospital two years more after the two years of instruction are over. At Béziers the hospital has been laicised, which makes it much easier for reform.

Another English-trained nurse has been appointed to organise the school. Meanwhile it is managed more or less satisfactorily. Here, also, probationers will pay for their instruction or engage themselves for a given time.

I have been consulted as to the appointment of these two Matrons, and have tried to impress on the hospital boards the fact that probationers are pupils, and must either pay for their instruction or obtain a scholarship or work for the hospital in return. But I beg all not to think of remunerating probationers, thus turning them into a kind of servant class. The principle of changing the probationers every quarter from one ward to another, to the operating theatre and out-patient department, seems to be well understood, thus giving each nurse equal chances of showing what is in her and of acquiring general hospital knowledge.

Five of my present probationers are going to help towards this reform as *cheftaines* (Sisters). Seventeen probationers are at work in my school, and are learning specially to become good, capable *cheftaines*. We cannot use the title "Sister," because it is considered the sole right of nuns. *Cheftaine* is a convenient word, not being either lay or religious. It comes either from the word chief or *chevet* (meaning bedside). I found the word in documents of the oldest hospitals and brought it to light again. It was supposed by the public to be English, and raised much wrath, which went down when the origin of the word was published.

The accord between France and England will be a great help in nursing matters. Three years ago I could never have attempted to propose English nurses to French hospitals. I hope that many will come forward and that good practical English training will be joined to the good theoretical French teaching, and that satisfactory nurses will thus be made.

Up to the present time instruction has not been given to those who did the ward work, either because they objected to it (nuns), or were too ignorant to understand (*infirmiers* and *infirmières*). Nursing lectures, on the other hand, were plentifully given to ladies who did not mean to work in hospitals, nor even to do private nursing, only meaning to come forward if war broke out, as Red Cross nurses. Training was unheard of.

In this nursing school (Maison de Santé Protestante, Bordeaux) practical and theoretical teaching go hand in hand, and marks are given for

behaviour in the wards, moral qualities and capability in practical nursing. A practical examination, considered as the most important, takes place, and nurses who have not been able to pass it satisfactorily are not admitted to pass the theoretical one.

I consider that if this plan were in general use there would never have been such an opposition to State Registration. Of course, this system obliges the hospital authorities to allow each probationer an equal chance of learning all that can be learnt in the hospital—which does put a great deal more work upon those who have to teach constantly! But is not this a duty if you call a place a school? We do not pay any probationers, considering them all pupils. Some are admitted free of charge through scholarships, and some pay for their instruction, just as students would in a school of medicine.

The St. André Hospital nursing school is adopting my principles, and I do my best to make the public understand the principles of real training for nurses.

I wish all success to the meeting of the International Council of Nurses, and much regret not having been able to attend to it.

NURSING IN HOLLAND.

BY

Miss L. KRUYSSSE,

Matron of the Wilhelmina Hospital, Amsterdam.

It is a great honour to me to represent the Amsterdam Wilhelmina Hospital in this gathering, where the curriculum for the training of nurses in different countries will be discussed.

It will be of great interest to every one of us to compare notes and to hear different opinions upon the subject.

In order to give a proper idea of the training of our nurses, I must give in rough outline the plan of our hospital. It is built in pavilions—one for male, one for female patients.

Then comes the pavilion for mental patients, with a male and female side. Lastly, the infectious blocks

and the lying-in hospital (Vrouwen Klinick), where paying patients are also received.

On an average we have 700 patients, 190 nurses and probationers, 18 male nurses, and 10 head nurses (including the night superintendent).

The number of nurses in the wards corresponds to the wants of the patients.

In the medical wards we have nine nurses for thirty-eight patients, two night nurses included.

In the surgical wards there are six nurses for thirty patients, one night nurse included.

In the children's wards ten or eleven nurses are on duty for forty or fifty patients, two night nurses included.

The pavilions first mentioned contain four big wards, a small ward, an operating-room, and two isolation rooms.

The wards on the ground floor, one medical and one surgical ward, besides the operating-room, are supervised by the head nurse, while each ward, again, is in charge of a certificated or first nurse and her assistant.

The wards on the first floor, one for venereal diseases and one for children, with a small one for children upstairs, are also under the supervision of a head nurse, and each in charge of a certificated or first nurse. In the ward for venereal diseases male nurses also work.

On the male side of the mental department there are thirteen nurses and ten male nurses for ninety patients. On the female side there are from twenty-five to twenty-six nurses on duty for 112 patients. The male and female side are each in charge of a head nurse.

In the infectious blocks from twenty-five to thirty nurses work in charge of the head nurse, while in each ward is placed a certificated or first nurse.

The lying-in hospital is divided into three departments—one for lying-in patients, one for gynæcological, and one for paying patients.

From thirty-eight to forty certificated nurses are on duty there, besides two head nurses.

Most of them are trained in the Wilhelmina Hospital; some of them come from outside and stay for a year.

The head nurses are all trained in the Wilhelmina Hospital.

We have women of all denominations. Pupils entering the hospital must be twenty years of age at least; they must be of good character, of sound health, and well educated.

They come on a month's trial, but this time of probation is prolonged for two or three months if necessary. When appointed they are bound for three years.

During the first fortnight they are on duty for ten hours, full duty being eleven hours.

All nurses and probationers have one whole day off and one evening every week alternately.

Probationers are allowed to go out after duty once a week; certificated nurses are free to go after duty.

All have leave to go home the evening before, when they have the day off.

Nurses and probationers have three weeks' holidays, head nurses four weeks'.

Our holidays run from May till November, and in May we get as many nurses in addition to our usual number as go on holiday.

This system is working very well. We are never short now, and the new probationers have the advantage of becoming accustomed to the ward work before the lectures begin in November.

They do not lose any time by coming in May, as the examination can be passed twice a year.

When the holidays are over we have to decrease our number, so that we have but a few or no vacancies in November.

This year, for the first time, we received some new probationers on April 1st in order to give them a preliminary training in the wards.

The lectures are begun in November. The junior probationers get a set of lectures from the surgeon on the principles of anatomy, physiology, surgical nursing, first aid and ambulance work.

Dr. Kuiper, the Medical Superintendent, teaches the senior probationers in their second and third years.

He gives them a course of lectures in general nursing, infectious diseases, foods, and hygiene, besides lectures on different organs and their nursing, as eyes, ears, throat, nose, &c.

At the end of the third year, when the lectures are finished, repetition classes are held by both gentlemen before the nurses go in for examination.

The nurses of the first, second, and third year get a set of lectures from me on general nursing and nursing ethics.

The examination is passed before a committee of members of the Society of the White Cross.

The examiners are all medical men, and most of them are heads of different training-schools.

The examination lasts three-quarters of an hour, and the questions are made as practical as possible, giving the candidate an opportunity to show that she or he has a clear understanding of the human body and its ailments, and what she or he has to do or not to do in time of need.

As soon as the examination has been passed, the nurses are obliged to take a vow of secrecy.

The union of the White Cross by which the nurses and male nurses are examined dates from 1879, when it gave the first certificate for sick nursing in our country.

Four out of the five large hospitals in Amsterdam are associated with the White Cross, while the fifth gives its own certificate. Some other hospitals in other cities give also their own certificates, while different unions have been established since, all giving their own certificates.

Moreover, any nurse who has had a three years' training in one of the recognised hospitals from any part in the country, and who has good references from her medical superintendent, can obtain the certificate.

Male nurses follow the same course of lectures, except mine. They are trained, of course, only in the male wards.

Since November 1st, 1903, we have had one male nurse, not living in the house, who is engaged to be married.

The training for the certificate in general nursing includes medical and surgical nursing, nursing of infectious diseases, and mental nursing.

Nurses who give evidence of special suitability for this branch of work spend one year, out of the three, in this department.

After the three years are completed, lectures in mental nursing are given, and a certificate of the White Cross for this branch of work can be obtained half a year afterwards.

The certificated nurses can spend a year in the lying-in hospital (Vrouwen Klinick) if they like.

They get a set of lectures on the subject there, and after the year is completed they can obtain the certificate for monthly nursing.

The "Vrouwen Klinick" gives its own certificate.

Thus in four years the nurses can obtain three certificates, viz. : one for general nursing, one for mental nursing, one for monthly nursing.

In Holland the post of trained superintendent has not yet been created.

Dutch nurses consider it degrading to take the post of Assistant Matron or to superintend the nurses and the housekeeping, both of which appointments are such an excellent preparation for the post of Matron.

I know England is better off in that way ; I hope you all are better off, and I hope we will be better off in time.

When young probationers enter the wards we do not give them any responsibility.

The head nurses and first nurses teach them how to make beds and settle the patients, how to take temperatures, how to clean different nursing articles, &c.

They are taught how to take pulse and respiration, and how to observe the sick.

By degrees they learn to bear responsibility.

When, after three or four months, they are put on night duty, they are on one month at a time.

One senior nurse is always on night duty, with a junior probationer in the wards, where two night nurses are wanted.

We try to train them not only in good, practical, intelligent nursing, but also in obedience, punctuality, economy, quietness, and neatness.

The medical superintendent and I try to lay great stress upon nursing ethics and development of character.

We do not only believe in the clever nurse, but also in the good woman.

NURSING EDUCATION IN NEW ZEALAND.

Mrs. Grace Neill, Assistant Inspector of Hospitals and Asylums in New Zealand, instead of a written paper, sent to the meeting of the International Council of Nurses the subjoined syllabus of subjects for examination of New Zealand nurses. In enclosing it she said: "Roughly speaking, I should like every nurse to have four years' training, beginning not younger than twenty-one. The first year to be spent in the Nurses' Home, not in hospital at all, learning household management and cookery, &c., also studying a certain number of general subjects as well as Anatomy and Physiology. An examination at the end of the year should pass the probationer into the hospital, where she should remain for three years to qualify for registration, and be allowed to take up obstetric nursing during her last year. I frankly own this idea would be unworkable out here for a variety of reasons."

**SYLLABUS OF SUBJECTS FOR EXAMINATION UNDER
THE NURSES' REGISTRATION ACT, 1901.**

Elements of Anatomy.

1. General structure of human body : Systems of body.
2. Osseous system : Number of bones ; names ; structure ; classification.
3. Articulatory system : Joints, definition of ; classification ; structure ; movements ; levers of body.
4. Muscular system : Voluntary muscles—Structure, uses ; names and position of chief muscles of body ; involuntary muscles—Structure, uses ; where found.
6. Circulatory system : General sketch of systemic, pulmonary, and portal circulations ; organs of circulation ; names and position of chief arteries and veins ; thoracic duct and lymphatic circulation.
6. Respiratory system : Anatomy of various parts ; position of various organs in chest cavity.
7. Digestive system : Mouth, tongue, teeth, pharynx, oesophagus, stomach ; small and large intestine ; liver ; pancreas ; salivary glands ; peritoneum ; position of various abdominal and pelvic organs.

8. Secretory system : Names of glands ; position.
9. Excretory system : Kidneys, ureter, bladder urethra ; structure of skin.
10. Nervous system : Brain, its main divisions and coverings ; spinal cord and its coverings ; nerves, their structure.
11. Organs of special sense : Eye, ear, nose.

Elements of Physiology.

1. Structure and uses of epithelium, connective tissue, adipose tissue, cartilage : Bone ; tooth ; tendon ; ligament.
2. Muscle : Varieties ; muscular movement ; relation of muscle to nerves.
3. Circulatory system : Blood, its colour, composition, temperature, and uses ; coagulation ; heart, its structure and mode of action ; heart sounds ; cardiac impulse ; frequency of heart's action ; influence of age, posture, &c., on heart's action ; arteries, veins, and capillaries, uses and structure of ; pulse ; sketch of course of circulation.
4. Respiratory system : Respiration, definition ; respiratory apparatus with structure of each part ; mechanism of respiration ; respiratory rhythm ; respiratory sounds ; quantity of air respired ; types of respiration ; changes in air by respiration ; changes in blood during respiration ; condition of gases in blood ; regulation of respiration ; apnoea ; dyspnoea ; asphyxia.
5. Digestive system : Classification of foods ; object of digestion, mastication, and swallowing ; secretory glands, with uses of their secretions ; structure and position of various digestive organs ; sketch of digestive process ; absorption.
6. Secretion and excretion : Definition ; differences between secreting organs ; excretory organs—Structure of kidney ; urine ; structure and uses of skin.
7. Animal heat : Temperature of body ; loss and gain of heat in body ; regulation of body temperature.
8. Nervous system : Functions of cerebrum, cerebellum, pons, and medulla ; afferent and efferent nerves ; functions of spinal cord ; reflex action.

Medical Nursing.

1. General description of duties.

2. Observations of sick, and inferences to be drawn from various symptoms.

3. Circulatory system : General symptoms and nursing management of cardiac cases.

4. Respiratory system : Symptoms and nursing management of bronchitis, asthma, pneumonia, phthisis-pulmonalis, pleurisy ; sputa.

5. Digestive system : Symptoms and nursing management of dyspepsia, gastritis, gastric ulcer, colic, peritonitis, ascites.

6. Urinary system : Symptoms and nursing management of renal cases, anasarca, oedema ; urine testing.

7. Nervous system : Symptoms and nursing management of cerebral meningitis, apoplexy, epilepsy, hemiplegia, paraplegia ; general management of cerebral cases.

8. Fevers : Symptoms and nursing management of cases of enteric fever, measles, whooping cough, scarlet fever, diphtheria, croup, rheumatic fever.

9. Nursing of children : Feeding.

10. Drugs : Classification ; terms used to distinguish their action—aperients, diaphoretics, hypnotics, &c. ; doses of those more commonly used ; dosage according to age.

11. Poisons : Symptoms of most common ; treatment.

Surgical Nursing.

1. Bandages and bandaging : Padding splints ; application of strapping plasters.

2. Fractures : Definition ; classification ; healing ; management ; application of splints.

3. Injuries of Joints : Dislocations ; sprains.

4. Inflammation : Definition ; local and constitutional symptoms ; termination ; causes ; treatment.

5. Suppuration and abscess : Definition ; symptoms ; treatment ; sinus and fistula.

6. Ulcers : More common varieties ; treatment.

7. Gangrene : Definition ; general outline of process ; causes ; treatment.

8. Wounds : Definition ; classification ; process of repair ; treatment.

9. Antiseptics : Definition ; names and manner of using ; preparation of patient for operation ; preparation of instruments, sponges, dressings, ligatures, &c. ;

preparation of theatre and room which patient is to occupy ; duties of nurse during operation.

10. After-treatment of various operation cases.

11. Instruments : Names of ; uses of ; instruments required for various operations.

General Nursing.

1. Qualifications of a nurse.

2. Distinction between doctors' and nurses' work ; hospital etiquette.

3. Bed-making ; washing and care of patient.

4. How to take temperatures, pulse, and respiration.

5. Administration of food, medicines, enemata, &c.

6. Baths.

7. How to report cases.

8. External applications : Poultices, fomentations, packs, leeches, blisters, strapping, &c.

9. Hypodermic medication.

10. Bedsores : Prevention and cure.

11. Invalid cookery : household hygiene.

THE MINIMUM CURRICULUM OF EDUCATION
AND STANDARD QUALIFYING FOR THE
REGISTRATION OF TRAINED NURSES.

BY

Miss M. D. FARQUHARSON,

*Matron of the Bendigo Hospital, late Lady Superintendent
of the Melbourne Hospital, Australia.*

MADAM PRESIDENT AND LADIES,—I have had the honour to be requested to contribute a short paper expressing what I consider to be a minimum standard of education for nurses, qualifying them for registration as trained nurses.

A new era has been begun in this State (Victoria), and a sound curriculum has been set as the groundwork of our Victorian Nurses' education by the medical men and Matrons on the Council of the Victorian Trained Nurses' Association, which has to be complied with to enable the nurses to pass the examination of the independent Board of Examiners,

which has almost done away with the old-fashioned system of teachers in hospital examining their own pupils. The curriculum of the Royal Victorian Trained Nurses' Association is, I consider, not one whit above what a nurse's minimum course of instruction should be. (For convenience, I append it.)

As to standards of qualification, I am totally opposed to any nurse registering as a qualified general nurse, capable of nursing adult men or women, whose certificate of training is from a special hospital, such as a hospital for sick children, hospitals for women and children only, lying-in hospitals or women's hospitals, fever hospitals, hospitals for the insane where they get some nursing in the patients' infirmary, and incurable hospitals.

Nurses from such institutions, holding only certificates from these special training-schools, if allowed to register themselves, should do so as what they are qualified for, and not as general nurses. It is doing the contrary to this that brings such discredit on the whole body of nurses, for the public are not given to discriminating in such matters.

Three years in a general hospital of not less than forty beds is my idea of a minimum training, the nurses receiving lectures from the Matron, physician, and surgeon; then, if their age and circumstances allow, they will be well advised if they give six months each to obstetric and gynecological nursing, as well as to the nursing of the various infectious and enteric fevers—it will greatly enhance their value.

In the Victorian Trained Nurses' Association a preparatory course is talked about; but though splendid work has been done in the last three years, I do not think that all the hospitals registered as training-schools have teaching staffs adequate for additional work such as this, and the committees will have something to say about the matter. I think myself it is always better to make haste slowly, and to do what one can thoroughly, instead of rushing ahead. Our hospitals are scarcely in position to start preparatory schools, their finances being at the lowest ebb. I am not in love with the plan myself, as I think when nurses get their lectures on the theory and practice of nursing, when they are en-

gaged in their practical work, they assimilate it better, and it throws more light on it for them, whereas a short time of cramming a lot of new knowledge into their brains on subjects hitherto unknown to them is only likely to make them forget most of it. I may be quite wrong, but this is my opinion.

I have given you what I consider to be a minimum educational course of training, which is not by any means all that can be attained in the larger and richer hospitals; but if nurses will only grasp and retain as much as they are taught, say in a moderate-sized hospital such as the one I am now in (of 160 beds), their Matrons will have no need to be ashamed of them. We have up to now turned out many splendid nurses without any preparatory courses of instruction. I test all my candidates in the three R's when I first interview them.

MATRON'S LECTURES WHICH PUPILS HAVING ONLY A MINIMUM COURSE OF TRAINING SHOULD HAVE.

1. On the necessary womanly qualifications fitting them for nursing, then on the ethics and etiquette in nursing life, and the necessary discipline to which they must willingly conform.

2. A long course of lectures on general practical nursing—resourcefulness and economy in nursing, including ward management and instruction useful for private nursing.

3. Elementary physiology, bandaging, splints—their uses and application, surgical dressings, &c., and their sterilisation.

SECOND YEAR FOR SENIORS.

Series of Special Lectures.

1. Nursing of the different fevers.
2. Prevention of infection.
3. Precautions for self-preservation when nursing infectious cases.
4. Gynæcological nursing.

FROM SPECIAL LECTURER.

Classes on Cookery for Invalids.

Courses of lectures, according to the curriculum of our Victorian Association for Nurses, by a physician and surgeon.

VICTORIAN TRAINED NURSES' ASSOCIATION.

REVISED SCHEDULE OF STUDY.

Elementary Anatomy and Physiology.

- The structural composition of the human body.
- The skeleton, joints, muscles, arteries and veins.
- The position of the thoracic and abdominal viscera.
- Brief sketch of the nervous system.
- The blood and its circulation. Respiration. Animal heat.
- Digestion and absorption. Secretion and excretion.

General Nursing.

1. Qualifications of a nurse.
2. Hospital etiquette.
3. The nurse's general work. (a) Bed-making. Management of helpless patients. (b) Hygiene of the sick-room. Ventilation, lighting, temperature, &c. (c) Baths (different kinds), sponging. (d) Cleansing and padding splints. (e) Prevention of infection.
4. The use of the clinical thermometer; recording temperatures.
5. External applications—Preparation of fomentations and poultices, local application of heat and cold, cold and hot packs, hot-air bath, counter-irritation, leeches, blisters.
6. The various methods of administering drugs, enemata, subcutaneous injections, &c.
7. Dressings and their preparation.
8. Operation case. Preparation of patient and room.
9. Instruments. Their care and use.
10. Invalid cookery.

Medical Nursing.

1. Qualifications of a nurse.
2. Distinctions between the doctor's work and that of the nurse.
3. Methods of observing symptoms, and manner of reporting the same to doctor.
4. General symptoms in disease. Value of close observation; temperature, rigors, pain, dyspnoea, expectoration, hæmoptysis, state of pulse, collapse;

cyanosis, sweating, vomiting; hæmatemesis, diarrhoea, melæna, abdominal distension; delirium, oedema, tenderness.

5. Specific fevers, characteristics, &c. Incubation, &c., infection, contagion, disinfection.

6. Bright's disease. Urine, pyuria, hæmaturia.

7. Pneumonia—Bronchitis.

8. Disinfectants and antiseptics.

9. Nursing of special cases—Medical and infectious.

10. Emergencies—Poisoning. Drowning. Fainting. Fits—epileptic, apoplectic, hysterical. Coma. Paralytic cases, special care of. Prevention of bedsores.

Surgical Nursing.

1. Qualifications of a nurse.

2. Distinction between the doctor's work and that of the nurse.

3. Method of observing symptoms, and manner of reporting the same to doctor.

4. Inflammation, suppuration, ulceration, gangrene, and septicæmia.

5. Healing and dressing of wounds, burns, and scalds.

6. Hæmorrhage and its arrest.

7. Bedsores—Prevention and treatment.

8. Fractures and splints.

9. Bandaging.

10. Operation case—Preparation of patient.

11. Disinfectants and antiseptics.

12. Nursing of special cases—Surgical.

THE MINIMUM CURRICULUM OF EDUCATION AND STANDARD QUALIFYING FOR THE REGISTRATION OF TRAINED NURSES.

BY

Miss J. C. CHILD,

Matron New Somerset Hospital, Cape Town.

MADAM PRESIDENT AND LADIES,—I beg to thank you for the honour you have conferred on me in inviting me to contribute a paper on what, in my opinion, should constitute a curriculum of education, and a minimum standard qualifying for registration as a

trained nurse. I have also to thank you for appointing me as Hon. Vice-President for South Africa of the International Council of Nurses.

I regret greatly I cannot be present at the International gathering, as it would undoubtedly be a great help to me in many subjects in connection with my duties as Matron, but owing to my recent appointment to the New Somerset Hospital I am unable to avail myself of the opportunity thus afforded by the Council of acquiring knowledge by the experience and suggestions of women workers.

The Government requirement here is, that three years' training is a necessary qualification for registration as a trained nurse. The conditions of that training are somewhat various.

This hospital, and many others in this country, receive women on probation for three months; at the expiration of that time the Matron must decide whether the candidate is capable of continuing the training, and the candidate whether she is willing to do so. The decision being in the affirmative, the probationer signs an agreement to the effect that, health permitting, she will remain in training for three years from the date of her entrance as probationer. If, however, during the term of agreement she should wish to leave the hospital, she may do so by payment of a sum of money mentioned in the agreement.

She may then, if she so wish, enter another hospital, where she can receive an appointment according to her experience.

Much dissatisfaction is thereby caused amongst the nurses already there, as, naturally, in their turn they hope for any senior positions which may occur.

When the nurse has completed her three years' training in all, she may apply as candidate for the Cape Government Examination, and, if successful, she is duly registered as a qualified nurse, although she may have gained her experience in several hospitals.

I am enclosing with this a copy of the terms under which pupil nurses are accepted to train in this hospital, and the agreement form.

I have sent a letter to many Matrons of hospitals out here asking the trained Matrons' and nurses' opinion whether it would not be an improvement that, in the

future, nurses should have three years' experience at one hospital before entering for registration with the idea of getting a petition for an amendment of the Registration regulations signed by the Matrons and nurses of the hospitals out here to the effect that three years at one hospital shall be necessary before being registered as a trained nurse. If the amendment comes into force it will undoubtedly be a great help in calming the everlasting restlessness that exists out here, and eventually lead to more of our hospitals being managed by Colonial-trained women.

In my opinion a preliminary training for pupil nurses at their own expense would be a most beneficial advance. It would be a great assistance in finding the right women and from first entering a ward the probationer would be able to comprehend more clearly the nature of her profession.

I would suggest that the first-year probationers should attend lectures and classes held by the Matron of the hospital or by Sisters, and in the second and third years lectures from doctors. At the end of each series of lectures an examination should be held. On the result of the examination in the first and second years should depend the promotion of the nurse to the second and third-year classes respectively, ending in the third year with the final examination arranged by the Medical Council.

Regarding lectures, this is practically what is done here, with the exception that the three years may be spent in different hospitals, or under one doctor in a private hospital for the third year.

THE PREPARATORY INSTRUCTION OF NURSES.

This is no new suggestion, as it is, I believe, already carried out at the Royal Infirmary, Glasgow, and the London Hospital. It would undoubtedly be of great benefit to all if hospitals could draw their probationers from a recognised school, which could be attended by the pupils at their own expense, and if the work of such a school could be performed in all its branches by the pupils under the direction of qualified managers. All the ordinary domestic subjects could be practically dealt with, as well as the usual lectures on medical and surgical subjects. The nurse would be much more

fitted then to enter a sick ward than are the majority at the present day.

This, ladies, but inadequately expresses what, in my estimation, should constitute a sufficient curriculum for the equipment of a trained nurse.

APPENDIX.

Re Naval and Military Nursing.—Numerous Memoranda were handed in, amongst them “The Nursing Directory,” by the Matrons’ Council of Great Britain and Ireland, containing Regulations for the Naval, Military, and Indian Army Nursing Services of Great Britain and Ireland; “The Regulations for the Army Nurse Corps of the United States,” by Mrs. Dita H. Kinney, Superintendent; “The Articles of the Geneva Convention, 1864”; “The Part of Woman in the Care of Sick and Wounded Soldiers” in England, Germany, France, Russia, Norway and Sweden, Austria, Italy, Japan, &c., by Dr. Roger Colomb, of Bordeaux.

Re Registration.—The Acts for the Registration of Nurses in Cape Colony and Natal, South Africa.

The Act for the Registration of Nurses, 1901; Syllabus of Subjects for Examination, and Register of Trained and Qualified Nurses, New Zealand, 1903.

The five Acts for the Registration of Nurses in the States of New York, Virginia, New Jersey, North Carolina, and Maryland, U.S.A., and the Form of Application for Registration of Training Schools for Nurses in New York State.

The Annual Report of the Society for the State Registration of Trained Nurses in Great Britain and Ireland, 1903-1904.

The Bill to Regulate the Qualifications of Trained Nurses, and to provide for their Registration, drafted by the above Society.

INTERNATIONAL COUNCIL OF NURSES.

Many nurses are at present desiring information as to the International Council of Nurses. It will be of interest, therefore, to recall that it was founded in London in 1899, and that a year later its officers were elected on the vote of members in Great Britain and Ireland, the United States of America, the Dominion of Canada, the Commonwealth of Australia, New Zealand, and Denmark. They were Mrs. Bedford Fenwick (Great Britain), President; Miss L. L. Dock (United States), Hon. Secretary; Miss M. A. Snively (Canada), Hon. Treasurer. At the first Quinquennial Meeting, held in Berlin on June 17th, 1904, Mrs. Bedford Fenwick retired from the Presidency with the title of Hon. President, Miss S. B. McGahey (Australia) was elected President, Miss L. L. Dock (United States) Hon. Secretary, and Miss M. Breay (Great Britain) Treasurer.

The Hon. Vice-Presidents appointed under Article II., section 4, of the Constitution, which we publish in full below, are :—

For Great Britain and Ireland.—Miss Isla Stewart, Matron of St. Bartholomew's Hospital, London; Miss E. C. Sandford, late Lady Superintendent City Hospital, Edinburgh; Miss M. Huxley, late Matron Sir Patrick Dun's Hospital, Dublin, and President Irish Nurses' Association.

For Federated Australia.—Miss S. B. McGahey, late Lady Superintendent Prince Alfred Hospital, Sydney.

For Canada.—Miss M. A. Snively, Lady Superintendent General Hospital, Toronto.

For India.—Miss C. R. Mill, Lady Superintendent St. George's Hospital, Bombay.

For New Zealand.—Miss Keith Payne, late Matron Wellington Hospital.

For Tasmania.—Miss Milne, Lady Superintendent Launceston Hospital.

For Germany.—Fraulein Agnes Karll, President German Nurses' Association.

For Italy.—Miss Turton, Directress, Casa di Cura, Florence.

CONSTITUTION ADOPTED JULY, 1900.

PREAMBLE.

We, nurses of all nations, sincerely believing that the best good of our profession will be advanced by greater unity of thought, sympathy, and purpose, do hereby band ourselves in a confederation of workers to further the efficient care of the sick, and to secure the honour and the interests of the nursing profession.

That we may more successfully prosecute this work we adopt the following Constitution :—

ARTICLE I.

1. The Federation shall be called the International Council of Nurses.

OBJECTS.

Objects of the International Council of Nurses.

- (a) To provide a means of communication between the nurses of all nations, and to afford facilities for the interchange of international hospitality.
- (b) To provide opportunities for nurses to meet together from all parts of the world, to confer upon questions relating to the welfare of their patients and their profession.

ARTICLE II.

HON. OFFICERS.

The Hon. Officers shall be Trained Nurses, and the elected Hon. Officers shall be *ex-officio* Members of all Committees.

1. A President.

2. Hon. Presidents. A President of the International Council, having held the office for a full term, shall be made upon retiring Hon. President of the Council, with a vote on the Executive Committee and Grand Council for life.

3. Vice-Presidents. The Presidents for the time

being of National Councils of Nurses affiliated to the International Council shall hold the position of Vice-Presidents.

4. Hon. Vice-Presidents. In all countries where a National Council of Nurses is not already organised, or federated with the International Council, some representative nurse shall be elected by the Executive Committee to represent her country as Honorary Vice-President of that country on the International Council until such time as a National Council shall be fully organised, and eligible for membership on the International Council.

5. Councillors. The Councillors shall be the Foundation Members of the International Council of Nurses.

6. An Honorary Treasurer.

7. An Honorary Secretary.

ARTICLE III.

MEMBERS.

Any National Council of Nurses formed of representative societies and institutions of nurses, provided that their Constitution be in harmony with the basis of the Constitution of the International Council, may become a member of the International Council, with the approval of the Executive, and by the payment of £1 per year for each of the four representatives deputed to act as delegates on the Grand Council of the International Council of Nurses.

ARTICLE IV.

THE EXECUTIVE COMMITTEE.

The Executive Committee shall be composed of the elected Hon. Officers, the Vice-Presidents, Hon. Presidents, and Hon. Vice-Presidents.

ARTICLE V.

THE GRAND COUNCIL.

1. The Grand Council shall be composed of four delegates, from each National Council of Nurses, and the Honorary Officers, as defined in Article II.

ARTICLE VI.

Meetings of the International Council of Nurses.

The International Council of Nurses shall hold Quinquennial Meetings, at which the President, Hon. Treasurer, and Hon. Secretary for the ensuing quinquennial period shall be appointed. Five shall form a quorum.

At the Grand Council, the Hon. Officers and the officially appointed delegates who compose the Council will alone have power to vote on the business brought before it.

All business to be brought before the Council must first be submitted to the Executive Committee as a notice of motion.

ARTICLE VII.

PUBLIC CONGRESS.

At any Public Congress on Nursing convened by the International Council of Nurses, those eligible to vote must be trained nurses who are members of Societies affiliated to the International Council of Nurses.

ARTICLE VIII.

FEEs.

The Annual Dues shall be £1 a year per delegate for every Society which is affiliated to the International Council of Nurses which has the privilege of representation on the International Council.

ARTICLE IX.

COMMITTEE OF ARRANGEMENTS.

The Executive Committee shall carry out all the arrangements for the Quinquennial business Meeting, but may depute to a Special Committee of Arrangements in the country where a Congress is going to be held the details of its organisation.

ARTICLE X.

ALTERATION OF THE CONSTITUTION.

This Constitution may be altered, or amended, by a majority vote of the Council, at any quinquennial meeting, printed notice thereof having been sent to each member of the Council at least three months prior to such meeting.